

Safe Care for Trafficked Children in Ireland: Developing a Protective Environment



Commissioned by the Children's Rights Alliance

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The Children's Rights Alliance is a coalition of over 100 organisations working to secure the rights of children in Ireland, by campaigning for the full implementation of the UN Convention on the Rights of the Child. We aim to improve the lives of all children under 18, through securing the necessary changes in Ireland's laws, policies and services.

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The Alliance was formally established in March 1995. Many of its member organisations are prominent in the children's sector – working directly with children on a daily basis across the country. The Alliance's policies, projects and activities are developed through ongoing collaboration and consultation with its member organisations.

Vision

Ireland will be one of the best places in the world to be a child

Mission

To realise the rights of children in Ireland through securing the full implementation of the UN Convention on the Rights of the Child

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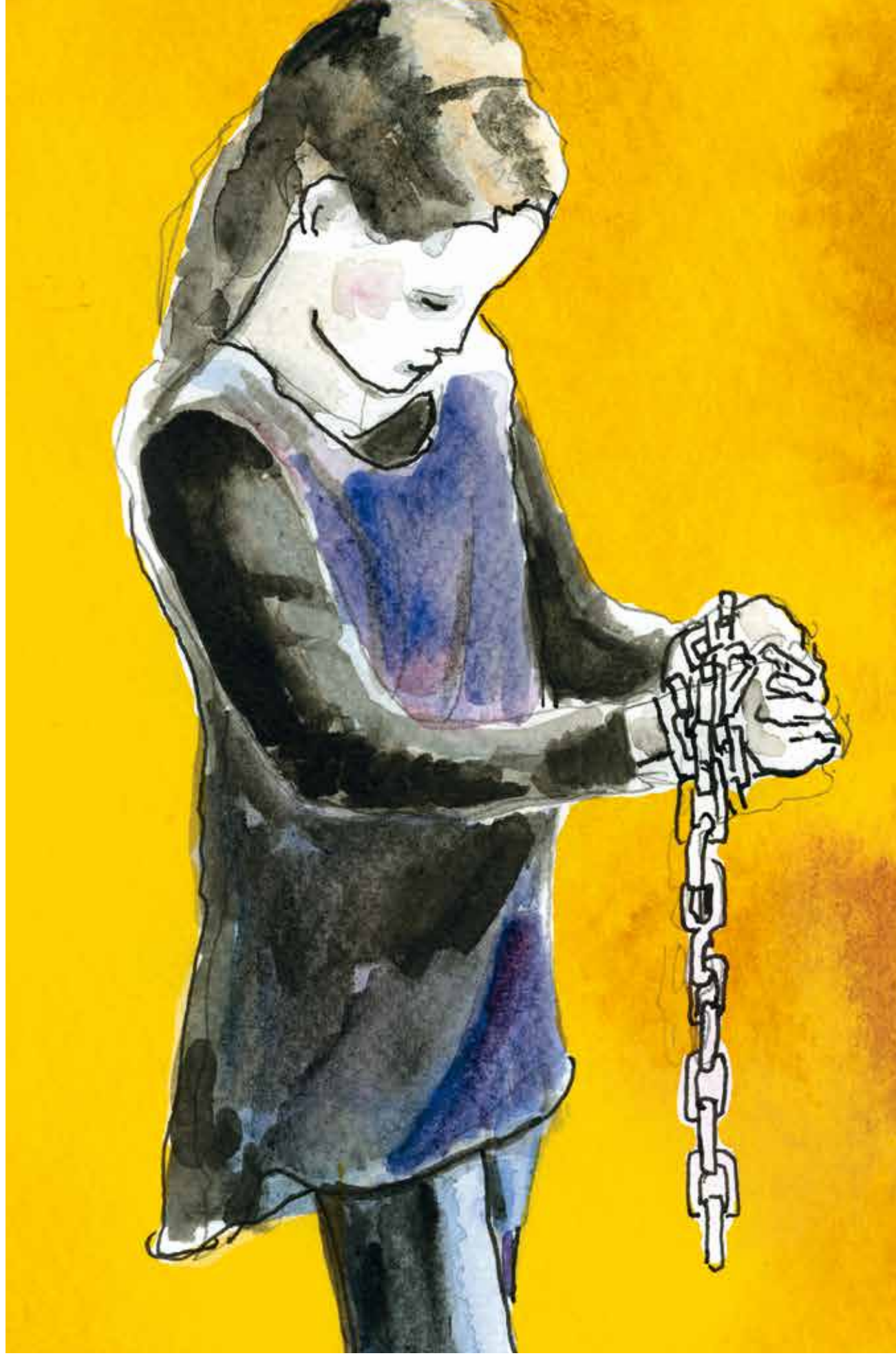
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Safe Care for Trafficked Children in Ireland: Developing a Protective Environment

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We have tried to incorporate the full body of opinion, which emerged in the course of the research, into the report. However, we as the authors are responsible for its content.

List of Abbreviations

AHTU	Anti-Human Trafficking Unit	IRC	Irish Refugee Council
ASCI	Action for Separated Children in Ireland	IRP	Immigration, Residence and Protection [Bill]
CDVEC	City of Dublin Vocational Educational Committee	ISPCC	Irish Society for the Prevention of Cruelty to Children
CSPE	Civil, Social and Political Education	LHO	Local Health Office
CICA	Commission to Inquire into Child Abuse	NAP	National Action Plan
DCYA	Department of Children and Youth Affairs	OMCYA	Office of the Minister of Children and Youth Affairs
DoHC	Department of Health and Children	ORAC	Office of the Refugee Applications Commissioner
ECPAT	End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes	PLC	Post-Leaving Certificate Course
EEA	European Economic Area	SCEP	Separated Children in Europe Programme
GNIB	Garda National Immigration Bureau	UN	United Nations
HIQA	Health Information and Quality Authority	UNCRC	United Nations Convention on the Rights of the Child
HSE	Health Service Executive	UNHCR	United Nations High Commissioner for Refugees
ICI	Immigrant Council of Ireland	UNICEF	United Nations Children's Fund
INIS	Irish Naturalisation and Immigration Service		
IPU	Inter-Parliamentary Union		

Executive summary

This report focuses on developments in care for trafficked children in Ireland with a specific aim of outlining current practice in Ireland in relation to the provision of safe and appropriate accommodation, care, supports, and legal protection to trafficked children or those children suspected of being trafficked. The report is based on a series of interviews carried out by the research team between September and December 2011, on child trafficking, with professionals in the areas of child welfare, care, education, and advocacy. It also incorporates written feedback received between December 2011 and May 2012 from the HSE, AHTU, Irish Refugee Council, Immigrant Council of Ireland and Barnardos on draft reports. Furthermore, it draws on publicly available information on child trafficking in Ireland and internationally. Up to now the public discussion on child trafficking in Ireland has largely focused on the known cases of separated children and the vulnerability of this particular group. Until the end of 2010, responsibility for the care of this group of children lay largely with the Separated Children Seeking Asylum team of the HSE¹ who have developed insight and expertise in this area. This can now be utilised in the transition to the new care arrangements for separated children. There is another emerging group of non-migrant children who are being trafficked in Ireland. We understand that there have been prosecutions and other cases are under investigation and are therefore not discussed in this report. Information was not available on these cases at the time of writing the report. Nevertheless, our recommendations on safe care provisions are applicable to all groups of trafficked children or children vulnerable to trafficking. Trafficking is a contentious term and while international and national definitions have been developed, we have found that understandings in practice can differ, leading to variations of approach and perspective.

The report comprises of five sections plus a section on conclusions and recommendations arising from the research exercise. Section 1, 'Child Trafficking: Brief Overview and Key Policy Responses', offers an outline of child trafficking, including key policy directions and practices, with a focus on current developments in the area. Section 2, 'Separated children and Service Provision in Ireland: A Service in Transition' looks at the context in which services have transitioned from a largely Dublin based hostel system of provision to a national fostering based service for separated and trafficked children. Section 3, 'Child Trafficking: Key Concerns' addresses three specific issues which emerged from this research namely missing children, family reunification and aftercare. Section 4, 'Training' highlights areas where training needs are most crucial including identification of those children and young people who are trafficked or at risk of being trafficked, developing resources in responding to their care needs, awareness of security and safety issues as well as developing cultural competency. Section 5, 'Public Awareness Campaigning' examines the role of various advocacy and awareness raising campaigns as well as the issue of the development of a dedicated missing children hotline. Finally, Section 6, 'Developing a Protective Environment: Conclusions and Recommendations' brings together some important issues as identified in this research which could inform practice in the area of safe care for trafficked children going forward.

At the end of each section is a series of snapshots. The snapshots do not provide a summary of all the discussions. Rather their purpose is to highlight key developments and list recommendations in each area. Together these snapshots provide a quick overview for any particular section. The totality of these snapshots are reproduced below.

1. Throughout the report, we refer to this team within the HSE as the Separated Children Seeking Asylum team, because according to the documentation available to us at the time of the research, this was the terminology used. We recognize that other terms are now used to refer to this team/service.

Snapshots

Section 1- Child Trafficking: Brief overview and key policy and practice responses

- Rapid escalation in the numbers of separated children entering Ireland over a short period, from the early 2000s, requiring somewhat of an emergency response.
- Need for standardised, clear statistical data on referrals of trafficked children to the HSE and the outcomes for those children. Inter-agency co-operation in recording data on trafficked children's movements and their contacts with agencies is necessary.
- While there are indications that there is greater consistency in the understanding and use of the term trafficking, as defined in the Criminal Law (Human Trafficking Act) 2008, there continues to be some variation in how child trafficking is approached in practice.
- Children First Guidance needs to provide clear indicators of child trafficking, as in the HSE *Child Protection and Welfare Practice Handbook* (2011), along with more comprehensive guidance on working with trafficked children.
- The HSE/AHTU (nd) guide on 'Services to Victims of Child Trafficking' compiles information on indicators, policy and associated services and supports. This guide could form the basis of communication across stakeholders in this sector on the development of a child centred response.
- Acknowledgement of the key role played by the Anti-Human Trafficking Unit within the Department of Justice and Equality since its establishment in 2006.
- There is a need for a child-centred approach to trafficking. Key provisions such as the identification of adults accompanying children and temporary residency included in the IRP Bill, 2010, need to be enacted.
- Temporary residency should automatically be provided in law for trafficked children on humanitarian grounds.
- There is a need to acknowledge the crucial role of guardians for separated and trafficked children and support the development of this role.
- The *Optional Protocol to the United Nations Convention on the Rights of the Child on the Sale of Children, Child Pornography and Child Prostitution* should be ratified immediately by the Irish government.

Section 2 - Separated children and care provision in Ireland: A service in transition

- The overall movement of separated children from hostel accommodation in Dublin to foster care nationally is welcomed by all key stakeholders.
- These care arrangements are in a relatively early stage of development and a number of challenges are presenting around the management and inspection of services, the training of social professionals and the contracting out of services to private foster care providers.
- It is essential to ensure safe accommodation for trafficked children and this must be a key part of the assessment and planning process. While the Child Care Act 1991 requires the HSE to provide care and protection plans for all children taken into care, there are added complexities for developing such plans for trafficked children. Best practice is that every trafficked child is the subject of a care and protection plan which is agreed upon with the young person, incorporates key safety measures and indicates lines of responsibility.

- There is a need for continuity of care and the identification of a key carer for trafficked children at as early a stage as possible. According to official HSE policy, children are allocated social workers on arrival to the residential assessment centres, and these social workers act as key carers and liaise with residential and foster carers in relation to the care of the child.
- The research revealed a lack of clarity on the transition of responsibility from the Separated Children Seeking Asylum team in Dublin to social workers in the HSE Local Health Offices, which needs to be addressed urgently. The HSE acknowledges that there was initial reluctance on the part of some local social work teams to accept a transfer of cases. While this issue is being addressed, it is still not fully resolved as some separated children living outside Dublin continue to have an allocated social worker based in Dublin.
- While standardised case transfer protocols have been developed centrally by the HSE, communication of the transfer process within and between HSE areas, LHO social work teams and private fostering agencies requires attention.
- The HSE Dublin-based team for Separated Children Seeking Asylum should develop written policy and procedures on the care of separated migrant and trafficked children in order to harness the experience they have developed over the past 10 years and share their expertise nationally in a systematic way.
- Social work support for trafficked children needs to be nuanced in order to respond to the complexity of issues and needs arising. This might include for example, a dual social work support for trafficked children comprising a social worker from the Separated Children Seeking Asylum Team acting in an advisory capacity and the local social worker providing for the ongoing daily care needs of the child. This would facilitate the transition of services from Dublin to a national base.
- The enactment of legislation is required to bring all care providers of separated and trafficked children, including private foster care agencies, under the inspection and monitoring remit of the Health Information and Quality Authority (HIQA).
- There is consensus that placements for trafficked children or those at risk of trafficking should be specialised care placements and require comprehensive vetting, training and ongoing supports for the foster carers and children.
- It is essential that children's views on care arrangements are taken into account. Children's views must be central in the decision-making process on care arrangements.
- Not all trafficked children would choose, or benefit from, placement with foster carers from a similar cultural background. Thus, it is advisable that placement decisions explicitly bear this in mind and such decisions must be made on a case by case basis, and in consultation with the children.
- Development of a dialogue with trafficked children or those who have been trafficked is needed to learn from their experiences of the process and the care responses. The lack of such an engagement is particularly evident currently in the new care model.
- There is a lack of consensus among those working in the areas of child welfare, care, advocacy and support on the value of supported lodgings. However, given the particular needs of trafficked children, best practice is to refrain from the use of supported lodgings for this group of children in the care system until these are fully within the scope of HIQA.
- There is need for an in-depth review of the scope and range of educational and care services for separated children that were developed in Dublin at the time of the hostel accommodation system. This review should identify key lessons and inform a cross-country dialogue in the development of national supports for trafficked children.

- Services developed should recognise the specific vulnerabilities to trafficking of separated children and how educational supports nationally can respond to trafficking risks for children and form part of a protective environment.
- The importance of peer support networks for both foster carers and separated and trafficked children has emerged and should be developed in the context of the new decentralised services.
- Co-operation of agencies is required in the identification of trafficked children throughout the process of entry, care arrangements, and asylum processing. This requires continuing development of inter-agency training of care, immigration and justice personnel and inter-agency, child-centred interviewing at ports of entry.
- Development of protocols nationally that clearly identify responsibilities of state agencies and support mutual co-operation in tracking the care arrangements of separated children seeking asylum and their progress through the asylum system.

Section 3 - Child Trafficking: Key concerns

- Missing separated children are a group of children who are particularly vulnerable to being trafficked.
- The current HSE/An Garda Síochána Joint Protocol on Children Missing from Care makes little reference to separated migrant children. A protocol specific to missing separated children is now in operation between the G.N.I.B. and the Dublin-based separated children's social work team (Appendix III). However, this has yet to be rolled out to other major ports and relevant services around the state.
- In updating the Joint Protocol on Children Missing from Care, account must be taken of the specific and very different contexts in which separated children go missing and clear actions developed to respond to these situations..
- The lack of follow up on children after family reunification can place separated migrant children at risk of trafficking and exploitation. The HSE states that monitoring and reporting lines in relation to the performance of local social work teams in this area, as well as other professionals and agencies, require refinement, and that this is being addressed within the new childcare structures.
- It is crucial that all family reunification cases of separated migrant children are routinely followed up by the HSE. Standardisation of practice across all Local Health Offices is important in this regard.
- Family tracing is a primary and integral part of social work care planning for separated children. The Irish Red Cross has an international tracing service which operates on limited resources and is reliant on updated contacts for separated children in communicating the results of their investigations.
- The HSE has indicated that practice is now to conduct DNA tests in all family reunification cases. This is a welcome development. However, such testing fails to fully recognise established family constructions where such close blood ties are not the only key characteristic of kinship connections. It is important that DNA testing continues to be viewed as just one of a number of factors that influence the reunification assessment.
- The inequity of care which existed in the care system and has been addressed through the move to foster care for separated children, is now evident in the aftercare system. On turning 18 years, these young people are re-categorised as asylum seekers and sent directly to Direct Provision centres, as compared to Irish children who remain with their foster families, are supported in private rented accommodation and continue to receive education and financial support from state agencies.

- Our research evidence indicates that conditions in Direct Provision centres are less than ideal. Combined with the uncertainty of their future and the knowledge that they are going to lose care supports, these separated young people can be especially vulnerable to trafficking. Aftercare for all children in care, and separated children in particular, needs to be considerably extended and expanded to become a central component of their ongoing care. This requires a legislative change so that aftercare is no longer a discretionary element of care provision.

Section 4 - Training

- The AHTU have taken a leadership role in the development of training on trafficking, but have yet to develop specific training on child trafficking. Training in child trafficking is developing within individual organisations, but as yet, is at an early stage and is inconsistent across geographical regions and providers.
- It is acknowledged by HSE management that 'a more systemic, widespread and consistent form of training in child trafficking must be developed both on an inter-sectoral basis and within the H.S.E.'
- Given that provision of foster care is the preferred policy option for these children, HSE plans to include in HSE training courses those foster parents of separated children who are in private placements are welcome.
- Key training needs include: identification, care needs of trafficked children, safety and security issues, cultural competence and anti-racist practice.
- Training needs to set out the specific Irish context into which trafficked children are entering, so that there is clarity on the lines of responsibility and the different interests each involved agency has in relation to the trafficked child.
- Training should be modularised to reflect different aspects of child trafficking which build on one another to comprise a comprehensive training programme. Ideally all professionals working in the area, including foster carers, would have to complete this training over a period of time.
- A range of different types of guidance and international legislation exists addressing the issue of child trafficking. However, they are not in readily accessible formats for children themselves, social professionals or foster carers.
- The child-friendly guide developed by the Irish Refugee Council and UNICEF on the asylum process in Ireland could provide a useful model for the development of a guide on child trafficking.

Section 5 - Public awareness campaigning and education

- The role of NGOs and local migrant communities in placing child trafficking on the agenda, informing local communities about the issue and responding to the needs of those at risk, has been highlighted in this research.
- Campaigns that seek to identify and support trafficking victims should be cognisant of the manner in which strict border controls have created the perhaps unintended consequence of creating lucrative markets in smuggling and trafficking people.
- Political campaigns have focused recently on the criminalisation of the purchase of sexual services. It is argued that this may have some impact on combating child trafficking for sexual exploitation.
- Public education campaigns in Ireland such as Blue Blindfold have highlighted the issue of human trafficking, but are not specifically focused on children. Without such a focus, children at risk are likely to remain largely invisible.

- The human rights module developed for the CSPE programme in secondary schools addresses human trafficking, but again fails to directly identify child trafficking and could develop a more critical focus on migration policy.
- A state-operated free-call 24-hour 116000 missing children helpline accessible to all children at risk, including victims of trafficking, staffed by trained personnel, has recently been announced by the Minister for Children and Youth Affairs. Such a service is essential to provide assistance and facilitate access to other relevant services for child victims of trafficking.

Introduction

This research was commissioned by the Children's Rights Alliance and funded by The Body Shop. The Children's Rights Alliance is the Irish partner in The Body Shop and ECPAT (End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes) global campaign entitled: *Stop Sex Trafficking of Children and Young People*. The aims of the three-year campaign are to:

- Raise awareness of the 1.2 million children trafficked globally on an annual basis.
- Influence governments worldwide to implement stricter anti-trafficking policies and legislation.
- Empower ordinary people to make a difference.

As part of this overall project, the aim of this research was to outline current practice in Ireland in relation to the provision of safe and appropriate accommodation, care, supports, and legal protection to trafficked children or those children suspected of being trafficked. It further explored how best the State can deliver safe accommodation and adequate care to this group of children and young people up to the age of 18² while also recognising that there are significant challenges in relation to the needs of aged out minors in the system.

We have used a holistic interpretation of safe care in the report in line with ECPAT³ (2011a) recognizing that 'safe accommodation encompasses more than the mere provision of adequate placements; it also includes, within that response, consideration of the child's physical, psychological, language and security needs. Importantly, it must include the child's own perception of safety' (p.12). The report is also informed by a belief in the importance of building resilience in children and young people who are trafficked in order to secure more successful durable solutions. As one research participant put it:

It is the language of resilience ... supporting resilience ... and I think this shifts away from the language of victimhood and I would in my experience believe using the language, and using the lens of resilience is really much more effective (Research Participant).

The emergent themes, while only indicative of current practice and challenges in the Irish context, highlighted the complexities surrounding the protection and care of children who have or may have been trafficked. The developing awareness of trafficking and commitment of all stakeholders were clearly evident throughout the research process. However, key themes were identified as potential barriers to improving future practice with regard to the care and accommodation for trafficked children:

- The challenges of identification, assessment and service delivery when information about trafficked children is limited and children often do not understand the roles of agencies within either the immigration or child protection systems.
- The impact of trauma and fear experienced by trafficked children on their engagement with agencies and provision of services, in particular their distrust of authorities.
- Relationships as a key factor in effective practice including those relationships with key workers, foster carers and the recognition of the complexities often associated with a child's relationship with traffickers.

² The terms 'child' and 'young person' are used interchangeably throughout the report. In Ireland a child is defined as anyone up to 18 years and the State's legal obligations towards them are outlined in legislation. (Child Care Act, 1991). However, we also use the term young person/people to highlight the heterogeneity of this population in terms of their agency, their needs, and in order to emphasise the importance of developing appropriate service responses.

³ See Appendix II, ECPAT (2011) *Principles of Safe Care for Trafficked Children*

- The importance of taking into account children's cultural experiences and how these impact on notions of victimhood, exploitation, rehabilitation and support. In particular, the need for the development of cultural competences in all those agencies and providers who interact with the trafficked child.

The findings from this research indicate that there have been substantial improvements more recently in Ireland. In particular, these relate to the transition from the hostel system of accommodation for separated children in Dublin, to the use of fostering, in recognition of the importance of providing safe family units for those children who are trafficked or vulnerable to trafficking. Nonetheless, awareness and understanding of the multi-faceted and complex components of child trafficking is still only developing in this country and elsewhere, compromising the potential to provide appropriate protection and support to children. The fostering of separated children is in its infancy here and it is too early to evidence the efficacy of these care procedures for identifying and supporting suspected child trafficking victims. However, early evidence would indicate that, while not unproblematic, it is generally supported and viewed as a positive development.

All stakeholders are on a steep learning curve with regard to child trafficking and limited awareness and understanding is not peculiar to one professional group. However, the development of expertise in Dublin since the 1990s in dealing with and responding to separated children arriving in the country, and the need for such expertise to be dispersed throughout the country now, is important to acknowledge. At this stage in the development of a unified national response to the needs of trafficked children, challenges are not unexpected, and any response has to acknowledge the complexities and continually evolving nature of the child trafficking trade if interventions are to be effective.

This report is divided into seven major sections: each of which discusses key directions and issues regarding the provision and development of services for trafficked children, within a framework that focuses on developing a protective environment and which recognises and promotes children's resilience. Each section also incorporates 'concluding snapshots' which summarise the progress made and key challenges yet to be addressed. A full list of recommendations is included in the final section of the report.

Methodology

As stated, this research was commissioned by the Children's Rights Alliance and carried out by the Child Migration and Social Policy Research Group, School of Applied Social Studies, UCC, between September and November 2011. The general focus of the research was to examine the safe care of trafficked children as a particularly invisible group of minority ethnic and migrant children in Ireland.

The proposed aims of the research were outlined in the tender document submitted to the Children's Rights Alliance, in response to their request for tender applications on research on Safe Care for Child Victims of Trafficking in June 2011.

The brief provided was to:

- Explore international best practice in the provision of safe and appropriate accommodation, care, supports, and legal protection to child victims and suspected victims of trafficking. The emphasis of this work should be at the practice-level e.g., how to educate a child on the risks of trafficking, provide a child with 'safe' accommodation to protect them from being 'picked up' by traffickers, provide adequate supports to ensure the child can escape their traffickers, and rebuild their life.
- Identify measures to reform current Irish practice to ensure that a child victim or a child at risk of trafficking is appropriately supported, cared for, protected and empowered. The recommended measures should be able to fit within the Irish context and existing systems.

Subsequent to the tendering process and acceptance of the Child Migration and Social Policy Research Group's proposal, as well as subsequent discussions, the following key research aims were agreed:

- To assess Irish child care/protection policies and their impact on the wellbeing of children and young people who are trafficked into Ireland.
- A focus on the provision of safe and appropriate accommodation, care, supports, legal protection and family reunification.
- To explore international best practice in these areas with the objective of identifying measures to reform current Irish practice to ensure that a child victim or a child at risk of trafficking, is appropriately supported, cared for, protected and empowered.
- An investigation of best practice in Ireland and internationally, and to identify appropriate reforms in the Irish context.

Data collection and analysis

Data collection comprised 16 in-depth interviews with key stakeholders, agreed in consultation with the Children's Rights Alliance, and undertaken between September and December 2011. It also included a review of international literature on care of trafficked children, in order to identify developments, and thus contextualise the research within current best practice in the area.

Interviews were undertaken with representatives of the Anti-Human Trafficking Unit (AHTU) of the Department of Justice and Equality; professionals in the state sector; and members of non-governmental organisations, including project workers in refugee support services and NGOs who have contact with separated children and/or child victims of trafficking. The focus of the interviews was to ascertain their perceptions and views on positive developments and identify any barriers to effective care. Potential participants were contacted by phone, informed of the nature of the request and their participation was requested. Thereafter, interviews, either face-to-face (13) or telephone (3), were arranged at suitably convenient times. All interviews were recorded, with the consent of the participants, and subsequently transcribed for purposes of analysis. Extracts from the interviews conducted are included throughout the report in order to better illustrate the points being made and give voice to the participants who partook in the study.

Interviews with two key stakeholders, the Separated Children Seeking Asylum Team (SCSA) of the HSE, based in Dublin and the Garda National Immigration Bureau (GNIB) were requested but neither agency was in a position to participate. As the SCSA team is centrally involved in care arrangements for separated children seeking asylum, and since there is thought to be a high correlation between these children and trafficked children, this placed a significant limitation on the research. Both agencies were sent a final copy of the report for their comment, prior to publication, in order to facilitate the incorporation of their views. The General Manager of Unaccompanied Minors' Services at the National Office for Children and Families provided written feedback on a draft report in May 2012.⁴ This feedback is incorporated providing points of clarification and in the context of the full research exercise. At the outset of the research we contacted the research office of the GNIB and completed their research application forms outlining the purpose, scope and short timeframe of the research. Following this we made regular follow-up contact with representatives of the research office for the purpose of securing an interview. However, our application was not processed within the timeframe of our research. At the time of publication, the GNIB had not provided a written response to the draft report, although written responses from the other statutory agencies provided some clarification. The Anti-Human Trafficking Unit, the Irish Refugee Council, Barnardos and the Immigrant Council of Ireland all commented on a draft report between December 2011 and May 2012.

⁴ Where this feedback is incorporated into the text it is referenced as HSE (2012)

Finally, while it is, of course, advisable to include the views of the children involved in any consideration of the development of their care, it was not possible for the research team to interview children directly for this study. The research time span was short and the location of the research team within a higher education institution did not facilitate contact with this group of children. It would be advisable that the recommendations drawn from this research be tested for validity with trafficked children.

It should also be noted that while it is recognised that child trafficking is not solely a phenomenon of migrant children entering the country, and has, in fact been more recently recognised as an issue for Irish-born children, the focus of this report is on child trafficking within the migrant children population. While this is the case, the findings as they relate to developing resilience in care arrangements, can be of benefit to all children who become vulnerable to child trafficking.

Notwithstanding these limitations, the experiences and opinions of the largely non-governmental organisations involved with separated migrant and trafficked children, throws light on a series of current issues relating to the development of safe care for trafficked children. Setting this body of opinion in the context of identified international best practice can contribute to the development of resilience in care arrangements.

Section 1 //

Child Trafficking:

Brief Overview & Key Policy & Practice Responses

Understanding Child Trafficking

Trafficking in human beings is recognised as a growing phenomenon throughout the world, but because of its often clandestine and fluid nature it is difficult to quantify and make more visible. Nevertheless, it is currently estimated that the worldwide prevalence rate is 1.8 people per 1,000, and that in the region of 12.3 million women, men and children are living in conditions of exploitation, including forced and bonded labour, forced prostitution and servitude, the majority of whom are thought to be women and children (US Department of State, 2010). Human trafficking involves movement of people, often through deception and/or coercion and can be distinguished from smuggling of people across borders by the lack of free choice at the end of a migratory journey. Although there are differences in interpretation regarding what constitutes trafficking, it is defined in the *UN Protocol to Prevent, Suppress and Punish Trafficking in Persons* as ‘the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation’ (UN 2000, Article 3 (a)). With regard to children, trafficking is regarded to have taken place in ‘the recruitment, transportation, transfer, harbouring or receipt of a child for the purposes of exploitation’ (UN 2000, Article 3 (c)) regardless of whether these are associated with the means listed above, including threat, force, other forms of coercion, consent etc.

Definitions of child trafficking can be problematic and contentious. Previous research has shown that NGOs, the State and private providers have different understandings of trafficking, ranging from the view that all separated children should be considered trafficked, to a stricter interpretation of the legal definitions (Horgan et al, 2011a). While there are indications that there is greater consistency in the use of the term as defined in the Criminal Law (Human Trafficking Act) 2008, there continues to be some variation in how child trafficking is understood. Internationally, children are trafficked for a multiplicity of reasons including forced labour and criminality, domestic servitude, prostitution, illegal adoption, forced marriage and welfare fraud. It is argued that ‘with the exception of commercial sexual exploitation, it is not the fact that a child is working in one of these sectors which signifies that she or he has been trafficked, but rather the fact that the child is subjected to some form of force or constraint and is not entitled to leave’ (Dottridge, 2007, p.12). The more recent EU Directive on Human Trafficking, Directive 2011/36/EU, specifically recognises that (i) trafficking is often gender specific; (ii) begging is a reason for trafficking; and (iii) children are at greater risk than adults of being trafficked, and states that their best interests must necessarily be considered of paramount concern in the development of actions to combat it. However, because of its very complex nature, addressing trafficking requires a combination of knowledge, resources, and the co-operation of statutory and non-governmental organisations at national and international levels.

The Children’s Society in the UK (2009) is challenging the view that trafficked children are largely invisible in society and draws attention to the many services they use and the groups with which trafficked children interact, for instance schools, churches, and medical services, but to whom they might fear to disclose abuse. They argue that it is incumbent on professionals to be sensitive and alert to indicators of trafficking in order that they identify children and address their needs. The UNICEF *Guidelines on the Protection of Child Victims of Trafficking* (2006) identifies eight key areas in developing good practice in the protection of child victims of trafficking. These are listed as: identification, appointment of a guardian, registration and documentation, regularisation of status, interim care and protection, individual case assessment, implementation of durable solutions, and access to justice. UNICEF contextualises these key areas within a rights-based framework that recognises children as rights holders.

It is evident that high levels of co-operation and mutual understanding, and even flexibility across care, justice, and migration contexts are necessary in developing policy and practice to address these eight key areas. To add further complexity, it is necessary to understand trafficking as a process that involves a series of complex interactions between state bodies, international organised crime, individual traffickers and victims of trafficking, alerting us to the need for on-going attention to potential vulnerabilities and the need to develop resilience in protection throughout the process.

Trafficking in context

Human trafficking is a recognised part of the international migration process. However, the Anti-Human Trafficking Unit (AHTU) of the Department of Justice and Equality highlights the complex nature of data collection in the area of human trafficking:

... due to the clandestine nature of the crime and its overlap with other illegal activities such as those related to prostitution, estimating the prevalence of trafficking in human beings is highly problematic (AHTU, 2011a: 2).

In relation to child trafficking, there are a number of different groups who are vulnerable, including children at risk and migrant children. There is emerging evidence of internal trafficking of children at risk in Ireland. We understand that there have been prosecutions in this regard and other cases are under investigation (HSE, 2012) and therefore are not discussed in this report. While trafficking can be internal as well as international, the publicly available information on child trafficking to date has largely focused on the known cases of separated migrant children who have been trafficked and the vulnerability of this particular group. There are a number of challenges specifically in the identification of trafficked children and young people in the context of migration. Challenges include identifying vulnerable children at ports of entry who are accompanied by adults, issues surrounding separated children who go missing from the care system and issues related to deception in the migratory process.

In practice I suppose, if children are coming through the port with adults they are inclined to be put in direct provision with the adults. I am not so sure how much investigation is made into whether those children actually belong to those particular adults that they are travelling with (Research Participant).

It is necessary to be aware that not all adults who present with young people at ports of entry have their best interests in mind. This creates difficulties in detecting trafficked children who appear to be migrating in family units. There are also concerns that some separated children who are placed in the care system and who subsequently go missing are at risk of being trafficked. The United Nations Convention on the Rights of the Child (UNCRC) (2005) suggests that often a separated child goes missing because they may have been trafficked into the country, come to the attention of the authorities but subsequently go missing from care. However, this is a contested opinion and it is suggested by the HSE (2012) that a diversity of reasons exist as to why children go missing, including issues related to asylum appeals, family reunification and economic reasons. Furthermore, it is suggested by the HSE (2012) that 'a substantial cohort of those who went missing when analysed by the H.S.E. would indicate that their age status was questionable'. They go on to suggest that in Ireland in the past 'there was a cohort of adults who perceived the former [care] system as an easy entry route into the state.' However, research by the ESRI has highlighted the fact that age assessment procedures are not always precise, with 'a potential margin of error several years in each direction particularly in cases of minors close to 18' (Joyce and Quinn, 2009, p.15). While the debate continues it is important to recognise that separated children, although now arriving in far smaller numbers, continue to be vulnerable.

Such children are particularly vulnerable in the first few months after arrival. They are at increased risk of being trafficked and are probably the most vulnerable of all children. For those separated children who go missing, the outcome only becomes known if the child is detected at a later stage or presents at services for help. However, we know that in Ireland these children are rarely subsequently found. A contributory factor to the low rate of finding such children is the current limitations in the system which makes tracking difficult (HSE, 2011).

Another significant challenge to the identification of trafficking incidents, as identified by Harris and Robinson (2007) in the UK but which is also pertinent in Ireland, is the young person's lack of awareness of the process they are involved in. They suggest that:

It is most likely that the young person doesn't have an understanding of trafficking and would not relate the term to their situation. Young people may think they are coming to the UK for work or education and so will not initially present with any signs of distress. There may be no realisation of their true situation until the person arrives at their destination, by which time they are already lost to the authorities (Harris and Robinson, 2007, p. 84).

Children arrive in Ireland for different reasons and some are coming primarily, [through] some sort of organised ... labour thing. Sometimes there can be prior family connections you know and sometimes children will come to Ireland with a view to going to another destination in Europe. So I think those are rarely spoken about and I think they are [a] phenomenon. (Research Participant)

As outlined elsewhere, trafficking has been identified as an issue in Ireland, generally through non-governmental sources, since the early 2000s (Conroy, 2003; Sheehan, 2008; Nicholson, 2008; O'Connor and Pillinger, 2009; Horgan et al 2011a and b). More recently, the Government has begun to publish official reports on Human Trafficking in Ireland. The first such report by the AHTU cites figures from a National Referral Mechanism and draws on information from a range of sources, including NGOs. It identified 68 incidents of human trafficking in 2009 of which 17 were minors (AHTU, 2010: 7). While

in 2010, of the 78 alleged victims of human trafficking identified, 19 were minors (AHTU, 2011a). Of these 19, 31.5% were Irish nationals trafficked within Ireland. When divided according to the type of exploitation reported as experienced, 15 were alleged victims of sexual exploitation, one was an alleged victim of labour exploitation, and the remaining three were uncategorised. In the year to the end of September 2011, the Gardaí had investigated seven cases of children being involved in trafficking (Baker, 2011). Drawing on our primary research for this project, the AHTU note that of these seven cases, three have been identified as child trafficking while one case is age-disputed, and in the remaining three cases there was deemed to be insufficient evidence of trafficking (AHTU, 2011b).

The number of trafficked children arriving in Ireland may be impossible to quantify accurately, as the phenomenon is illegal and shrouded in secrecy. The above figures are likely to be an under-estimation of the total number of children trafficked into the country. Furthermore, the numbers of Irish nationals trafficked raises questions about the issue of internal trafficking and the conditions which can foster Ireland as a source country, an issue which we need to fully incorporate into our thinking and analysis on child trafficking and child protection more generally.

Where do trafficked children come from? It is believed that they are primarily drawn from the population of separated children. Abunimah and Blower (2010) concluded that the majority of separated children seeking asylum in Ireland were aged between 15 and 18 years of age, although children as young as seven were also documented by the researchers. Separated children arriving into Ireland come from a wide range of countries. In Abunimah and Blower's study they found that in their sample of separated children, 31 countries were represented. The Office of the Refugee Applications Commissioner (ORAC) reported that the top three countries of origin for unaccompanied minors submitting asylum applications in 2010 were Nigeria, the Democratic Republic of Congo and Somalia (ORAC, 2011a). In 2011 to September, the numbers of such applications from minors had more than halved and the top three countries of origin were the Democratic Republic of Congo, Afghanistan and Zimbabwe (ORAC, 2011b). It is thought that most separated children that are identified by the HSE eventually do go on to lodge applications for asylum with ORAC in order to normalise their legal status in the country. This is especially true for separated children approaching the age of 18 (Arnold, 2010).

Irish Policy Context

Irish action in the field of human trafficking has gained considerable momentum in recent years, covering legislative and policy initiatives which we detail below. From the discussion, however, it becomes obvious that a migration and criminal focus takes precedence over the well-being of the child. For example, while custom and practice indicates that persons under the age of 18 are not deported, they continue to know that this is a possibility when they reach adulthood. This undermines children's sense of security and identity. In addition, research participants have informed us that these children are not offered the same opportunity as non-migrant children to remain in care up to the age of 23 while continuing their education. Furthermore, while efforts are being made to recognise the process of trafficking, in order for policy to effectively recognise the needs of trafficked children specific safeguards must be put in place to clearly guide and inform practice. In this regard policy is currently falling short. In the international context, Bhabha (2008) highlights the complex situation of the unaccompanied child migrant who falls between the legislative remit of child protection law and migration law. Domestic child protection law, which addresses the problems facing children without satisfactory homes, does not often cover issues of foreign citizenship, including the risk of deportation and lack of entitlement to social benefits that non-citizen children can face. On the other hand, migration law, which establishes the parameters of lawful status for recognized categories of migrant, often does not deal with the needs and circumstances of most children who travel independently of their families (Bhabha, 2008, p.1).

Key International Obligations

There is an onus on the Irish State to ensure that its legal frameworks and policies reflect international legislation and internationally recognised best practice so that all children receive the care and protection they need. The UNCRC (1989) is the overarching international framework protecting trafficked children and directs national legislation, policy and practice in this area. In particular, Articles 20(1) on children deprived of a family environment, Article 22(1)(2) on refugee children and Article 39 on rehabilitation of child victims. *The Palermo Protocol* (UN, 2000), which Ireland ratified in 2010, provides a common definition of trafficking and gives such children special status. However, difficulties arise implementing the Protocol given the lack of clear circumstances that can be classified as child trafficking, especially in view of the fact that key concepts such as exploitation, coercion, and vulnerability remain undefined. An additional limitation inherent in the Protocol is its focus on crime prevention rather than the welfare or human rights of children (Bastia, 2005).

The passing of the Lisbon Treaty resulted in the European Union Charter on Fundamental Human Rights being incorporated into Irish Law. This creates a legal imperative to prevent the trafficking of children into and out of Ireland (Shannon, 2010). In addition, Ireland signed the *Optional Protocol to the United Nations Convention on the Rights of the Child on the Sale of Children, Child Pornography and Child Prostitution* on 7 September 2000. However, 11 years on, the Optional Protocol has yet to be ratified by Ireland. Globally, 146 states have ratified the Optional Protocol. Ireland is in a minority with only two other European Union Member States who have not ratified this Protocol. In October 2011, the Minister for Justice and Equality, Alan Shatter, TD made an unequivocal statement on the international stage at the Universal Periodic Review hearing in Geneva, to ratify the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography as one of a number of key commitments in respect of children's rights (Children's Rights Alliance, 2011).

Key Irish Legislative Developments

In Ireland, following international trends, the legislative context has focused on measures to reduce human trafficking, largely through the conviction and punishment of traffickers, rather than promoting the agency and welfare of children who are trafficked. For example, the *Child Trafficking and Pornography Act 1998*, the *Amendment Act 2004* and the *Illegal Immigrants (Trafficking) Act 2000* all focus on prohibition and punishment. Efforts to deter this type of criminal activity were reinforced with the introduction of the *Criminal Law*

(*Human Trafficking*) Act 2008, which further delineates offences of trafficking in children. In comparison with other jurisdictions, it provides more severe penalties for traffickers, and at present Ireland is the only state in Europe that can imprison a trafficker for life.

The *Immigration, Residence and Protection Bill (IRP) 2010* has had a prolonged gestation and is currently stalled, having reached second committee stage before the fall of the last Government in early 2011. The Minister for Justice and Equality, Alan Shatter TD recently made a commitment as part of the Government's 5-year national recovery plan to "introduce comprehensive reforms of the immigration, residency and asylum systems, which will include a statutory appeals system and set out the rights and obligations in a transparent way". These commitments are being implemented by the Government through further development of the *Immigration, Residence and Protection Bill 2010* for that purpose. He indicated that further work is currently underway on the details of the Bill to take account of current Government policy objectives (Dail Debates 2012). The Bill, as it is currently comprised, provides for the identification of victims of trafficking (Section 139) and proposes to establish two new types of permits of residence specifically designed for those who are identified as victims of trafficking: the *Recovery and Reflection permit* of up to 60 days (Section 139;2) or longer in the case of a foreign national under the age of 18 years (Section 139; 10), which can be followed by a *Temporary Residence permit* of six months (Section 139;6). The latter can be renewed by the Minister on certain conditions. Such provisions, however, are dependent on the co-operation of the trafficked individual with authorities in investigations and prosecutions. The Bill also proposes to empower immigration officers to check whether the adult accompanying the child has the authority to do so (Section 28;2a). Where the child is accompanied, the accompanying adult can be required to satisfy the officer or member that he or she is taking responsibility for the child and is authorised to do so. If the officer or member is not satisfied that this is, in fact, the case, the HSE is to be notified and the child automatically becomes a person to whom the Child Care Acts 1991-2011 and the *Children First Guidance* apply. It also includes such provision for migrant children who are already in the State and who have not come to the attention of the HSE (Section 28;3). These children would heretofore have been unlikely to come under HSE care mechanisms because of the assumption that all accompanying adults acted in the best interests of children. This can be seen as in some way responding to the concerns with regard to insufficient monitoring and protection mechanisms in place to deter or identify child trafficking, as highlighted by Kilkelly (2007). Institutionalising co-operation between the key care and justice bodies through further development of joint protocols and training would increase the effectiveness of this response.

While such provisions are welcome, there has been much criticism of the *Immigration, Residence and Protection Bill 2010* and its predecessor, the *Immigration, Residence and Protection Bill 2008*. The Action for Separated Children in Ireland (ASCI)⁵ in 2010, for example, argued that it falls short in key areas including not clearly defining separated children, and failing to take the opportunity to comprehensively incorporate the best interests of the child into its provisions for residency and protection. They argue that provision for temporary residency on humanitarian grounds should be included for children, regardless of co-operation with authorities. The IRP Bill does not, in its current state, provide for the renewal of temporary residency on humanitarian grounds for victims of trafficking unless the victim assists the authorities with the investigation and prosecution of their traffickers. The IRP Bill makes no exception to this rule or special provision for child victims of trafficking. The Children's Rights Alliance (2010) has argued that the Bill should be amended to allow a child to remain legally in Ireland while they recover from their experience, which is likely to have been traumatic, and decisions regarding the granting and renewal of such residency should be made in the best interests and safety of the child.

5. Action for Separated Children Ireland (ASCI) is a coalition of NGOs working to ensure that the best interest of each separated child is respected and promoted. It comprises Barnardos, Children's Rights Alliance, Crosscare, Irish Association for Young People in Care, Irish Refugee Council, Irish Society for the Prevention of Cruelty to Children and UNICEF Ireland.

The UN Committee on the Rights of the Child, the Irish Human Rights Commission, the Ombudsman for Children and the UN High Commissioner for Refugees have all recommended that the principle of best interests of the child as a primary consideration should be incorporated into Irish immigration legislation (Barnardos, 2011). However, in introducing the IRP Bill 2010, the then Minister for Justice, Equality and Law Reform, stated that following submissions and consultations on this issue, he was 'satisfied that the Bill already, where necessary, caters for the special position of children' (Ahern, 2010, np). This would seem to illustrate a lack of understanding of the particular vulnerabilities of trafficked children as outlined across EU, NGO and academic literature (see for instance Sturma and Honuskova, 2008; Dottridge, 2008; Joyce and Quinn, 2009). The Bill also falls short in guarantees of protection to suspected victims in such areas as accommodation, medical care and legal aid. Furthermore, the provisions of the Bill apply only to non-EU/European Economic Area (EEA) nationals. Mullally (2011) reiterates some of these points by stating that it leaves unanswered concerns relating to the age assessment procedures, guardianship and best interest determinations for separated children.

Given the hiatus with the IRP Bill 2010, the Department of Justice and Equality has issued *Administrative Immigration Arrangements for the Protection of Victims of Human Trafficking* (2011c). The Immigrant Council of Ireland's comments on these arrangements are worth noting. In addition to the points raised above, they highlight the removal of the commitment to have regard to the best interests of the child when taking decisions in relation to the granting of permits to children victims, which was clearly expressed in previous Administrative Immigration Arrangements published in 2009 (ICI, 2011).

The Anti-Human Trafficking Unit and the National Action Plan

Notwithstanding the limitations of legislative measures, a key policy development in Ireland's response to human trafficking was the establishment of the Anti-Human Trafficking Unit in the then Department of Justice, Equality and Law Reform in 2006, to co-ordinate efforts in human trafficking at a national level. The AHTU acts as a national point of reference and chairs a Non-Governmental and Governmental Roundtable Forum on Trafficking and Interdisciplinary Working Groups including a Child Trafficking Working Group. This latter group aims to support work that is happening towards developing a co-ordinated response to child trafficking and a protective environment for children. The AHTU is responsible for the publication of the first *National Action Plan to Prevent and Combat Trafficking of Human Beings in Ireland: 2009-2012* (NAP). The National Action Plan proposes "a child-sensitive approach in the development, implementation and assessment of anti-human trafficking policies and programmes" (Department of Justice, Equality and Law Reform 2009: 168). It contains 25 recommendations specifically on child trafficking that are focused on reducing vulnerability. Identification, protection, recovery and assistance of children, as well as residency and repatriation of child victims of trafficking, form the other major themes of the Plan. It recognises children as particularly vulnerable and as a section of the population with particular needs, and states that the development of a 'protective environment' is one of its fundamental goals. Here is evidence of an appreciation of the prioritisation of children's welfare. However, questions arise about the role of the National Action Plans in addressing the policy vacuum identified by Bhabha (2008) into which child trafficking victims often fall. It is argued that the role of the NAPs should be to allow children negotiate these issues in an easy or straightforward manner which ensures they are both protected and also have access to the full spectrum of rights to which they are entitled. The National Action Plan needs to be developed further and be clearer with regard to how it will implement its actions. For example, with regard to Action 129 "Safe and appropriate accommodation to be provided to child victims of trafficking", the Plan is quite vague and does not indicate how this action will be achieved. An interim review of the Plan is currently taking place.

Furthermore, the NAP is somewhat limited by the low priority given to appointing guardian *ad litem* for trafficked children. We have argued elsewhere (Martin et al, 2011; Horgan et al, 2011) that the crucial role of a Guardian *ad Litem* for trafficked children is not fully acknowledged by the NAP or the *IRP Bill 2010* which reflects a failure to recognise children's agency and limits the potential for their realities and experiences to be expressed and heard. The *National*

Children's Strategy, which was published by the Irish Government as far back as 2000, includes a commitment to appointing a guardian *ad litem* for all separated children. However, in reality this service has rarely been made available to separated children (Corbett, 2008; Shannon, 2009). Furthermore, in Ireland, as in England and Wales, the role of guardian *ad litem* has been narrowly interpreted largely in terms of representing children in legal proceedings. The guardian *ad litem* service could provide independent support to separated children and act as an advocate for children during the asylum process. In its Concluding Observations on Ireland the UNCRC expressed concern that unaccompanied children or children separated from their parents might still not receive adequate guidance, support and protection during the asylum process, in particular with respect to access to services and independent representation (UNCRC, 2006, p.14). Similarly, Hammarberg (2008) in his report on Ireland recommended that each separated child should have an appointed guardian *ad litem*, while the report of the Ombudsman for Children (2009) recommended a wide role for guardian *ad litem*s, following the advice given in the *Separated Children in Europe Programme Statement of Good Practice* (Save the Children, 2009). In the UK, the House of Commons in its report on *Looked After Children* supports the idea of appointing guardians for unaccompanied asylum-seeking children (2009), highlighting their concern about 'the particular vulnerability of this group of children to trafficking' (p.98).

More current activities

The recently updated *Children First Guidance* (2011) for the first time identifies separated and trafficked children under the category of 'other vulnerable children', but has little to say other than that both groups should be given particular attention because of the absence of parents/guardians and possible language difficulties. With reference to trafficked children, it states that

These children may resist offers of assistance from the HSE due to fears for their own safety or that of their families. They are frequently hidden within communities since they do not attend educational, religious or social events (p.58).

This latter extract, while recognising the existence of trafficked children within the care system, provides only cursory reference to the range of issues arising and provides little or no guidance for practitioners. We welcome the more thorough engagement with child trafficking evidenced in *The Child Protection and Welfare Practice Handbook* (HSE, 2011). Legislation to place aspects of Children First on a statutory footing and introduce mandatory reporting of child sexual abuse allegations is imminent. A memorandum on the legislation had been agreed by the Government and the Minister for Children Frances Fitzgerald, TD has said she hoped that the Heads of Bill would progress to committee stage in 2012 (Carroll, 2011). Given that the Children First Guidance may form the basis of mandatory reporting on child protection, it would seem crucial that issues of child trafficking are more fully addressed.

There has been recent activity at EU level in relation to this area. The EU Commission's 2010 *Action Plan on Unaccompanied Minors* puts forward a common approach towards unaccompanied or separated children coming from outside the EU. The Action Plan identifies child-specific reception measures and procedural guarantees that should apply from the moment the child is identified until a durable solution is found. It also stresses the importance of appropriate representation of the child, proposes actions to address the shortcomings in the care provided to unaccompanied asylum-seeking children in the EU and to avoid the disappearance of unaccompanied children who are in the care of public authorities.

Separated children, care deficiencies and vulnerability to trafficking

As stated earlier, the UNCRC recognises that there is often a link between the situation of separated children and trafficking. Their identification of a number of protection gaps in the treatment of such children includes the following: unaccompanied and separated children face greater risks of, *inter alia*, sexual exploitation and abuse, military recruitment, child labour (including for their foster families) and detention. They are often discriminated against and denied access to food, shelter, housing, health services and education. Unaccompanied and separated girls are at particular risk of gender-based violence, including domestic violence (UNCRC, 2005, p.5).

At this juncture it is important to explain what we mean by separated children and refer to the internationally accepted definition of the Separated Children in Europe Programme (SCEP):

Separated children are under 18 years of age, outside their country of origin and separated from both parents, or their previous legal, or customary primary caregiver (SCEP, 2009, p.3).

Ireland fits into the category of countries where child victims of trafficking may have access to general integration programmes for unaccompanied minor aliens, with Ireland stated to have special provisions for assistance to vulnerable children in need (European Union Agency for Fundamental Rights, 2009).

The arrival of separated children is a relatively recent occurrence in Ireland and the authorities have been challenged in terms of developing responses to what was a rapidly escalating phenomenon since the late 1990s. The numbers of children presenting as young separated children seeking asylum in Ireland in this period has fluctuated considerably with applications peaking in 2001. Between 2000 and 2010, there were 5,952 children referred to the Health Service Executive (HSE) as separated children. The number of separated children entering the country reached a peak of 1,085 children in 2001 and declined to 97 in 2010. In the year to June 2011 there were 46 referrals of separated children to the HSE (Kenny, 2011). The pattern is likely to have been influenced by the movement of asylum seekers to Ireland, where economic success identified it as an attractive destination for those fleeing their countries of origin during the late 1990s and early 2000s. Significant factors in reducing the numbers of applications include the economic downturn, the withdrawal of the right of asylum seekers arriving after 27th July 1999 to work in Ireland, and the change in legislation (following the citizenship referendum) so that children born in this country to mothers of other nationalities would not receive automatic Irish citizenship. Specifically with regard to separated children, it is thought that some of the children arriving in Ireland are following parents and other family members already living in this country (Clarke, 2007). Although outside the scope of this discussion it is worth noting at this point that the criteria for family reunification in Ireland is narrow.

The legislation governing separated children, the statutory requirements and how they are dealt with is somewhat complicated. As identified by Finn and Curley (2007), children and young people who arrive in the country without a parent or guardian, and seek asylum, are provided for under the *Refugee Act, 1996* (section 8;5) whereby an immigration official shall inform the Health Board (now HSE) in whose functional area the child is, and the *Child Care Act, 1991* shall apply. Figures provided by the HSE (with regard to the referrals of separated children to them and outcomes for such children) are difficult to interpret in that the different categories listed do not add up to the total number of referrals⁶ (HSE, 2011).

Given this ambiguity, the figures are of limited use. For instance, in 2010 it appears that of the 97 referrals to the HSE, 70 children were placed in care, 21 were reunited with family members, 11 went missing and of these eight were subsequently accounted for. A further 17 were categorized as 'other', which is unexplained, but which Smyth (2011) suggests were either assessed as being 18 years or older, sent back to other EU jurisdictions under Dublin II Regulation, arrived on a valid visa or were found to be accompanied by an appropriate adult. It also appears that of these 97 children referred to the HSE in 2010, only 37 applications were made to ORAC. According to our correspondence with the HSE (2012) the reasons why children may not be entered into the asylum system include:

- Younger children are sometimes kept out of the process until they are of an age to better understand the process and represent their case competently.
- In relation to some children, the social work team decides that they do not have a credible case for asylum and would be placed under unnecessary pressure by proceeding. This decision relates to a small number of unaccompanied minors and is always based on advice from the refugee legal service.

⁶ An example of the figures to which we refer are included in Appendix 1

- Some children state that they do not wish to apply for asylum.

While these points help clarify the situation, questions remain about the interaction of care and migration systems and the understanding of children's migratory contexts by social workers who make decisions on processing asylum applications for children in the care of the HSE.

We have raised the issue of tension between child protection and immigration models elsewhere (Horgan et al, 2011a and b) and from the figures available to us, it appears that this is unresolved. While this situation continues, so does a key vulnerability.

So if you look at separated children the concern I have is that there is a number of different pathways that a young person could end up taking. And the level of support, their care status and I suppose, the long term involvement in services differs substantially depending on the pathway that is taken (Research Participant).

Within Ireland, the particular care arrangements for a separated child are dependent on the section of the Child Care Act, 1991 under which the child is taken into care, and these can have significant practice and policy implications, not least of which are the young person's level of support as well as their care status (Horgan et al, 2011a and b). Some are treated as abandoned children under Section 4 where the HSE takes a child into its care.

Separated children might also be treated as homeless and placed in hostel accommodation under Section 5. In such instances they may not be the subject of a care order or benefit from the support of an allocated social worker or development of a care plan (OMCYA, 2009). Separated children can also be taken into care under sections 15-17 of the Act, where there are welfare concerns. According to the HSE (2012) there is currently a review being undertaken of its policy and practice in relation to the reception into care arrangements for unaccompanied minors.

As the numbers of separated children presenting in Ireland began to accelerate rapidly from two in 1996 to 520 in 2000, the HSE developed a hostel system in Dublin as an emergency care response. However, this short term accommodation response continued and grew throughout the decade with a total of nine hostels, all located in Dublin, in place by 2009. This system was heavily criticised over the years from a number of different sources, including the UN Commissioner for Human Rights, the Ombudsman for Children, as well as children's rights and advocacy groups (Horgan et al, 2011a and b). The criticisms related primarily to lack of safety, inadequate security and registration and inspection concerns as well as separated children's limited access to social workers or other care staff. In particular, Joyce and Quinn (2009) in an ESRI review of policies for separated children in Ireland, concluded that these deficits in their care arrangements represented 'a lack of equity with the level of service provided to Irish children in care' (p.69). Such criticisms, along with the attention drawn to State care of separated children by the Commission to Inquire into Child Abuse more commonly referred to as the Ryan report (CICA, 2009), culminated in the closure of the hostels in Dublin by the end of 2010 and the transition to foster care throughout the country, in line with mainstream care policy (OMCYA, 2009; Horgan et al, 2011a and b).⁷ The HSE note that they stopped making referrals to the hostels in January 2009 (Kenny, 2011). In the interim period Crosscare was used to provide residential care support to those in the hostels and to provide accommodation for newly arrived separated children in Dublin. The HSE 'Equity of Care' policy informed the move from hostel to foster care for separated children and was generally welcomed (McHugh, 2009).

In any event, this transition follows guidance from the United Nations High Commissioner for Refugees (UNHCR) dating as far back as 1994 regarding the protection and care of refugee children. This guidance stressed the importance of continuous, loving and nurturing care and suggested that the intention should be to place refugee children in the context of the family and the community. Notwithstanding a move towards following such guidance, concerns have been raised in relation to the transition. These relate to the erosion of formal and informal support mechanisms that have developed, primarily through the HSE Separated Children Seeking Asylum Team and activist support organisations in the Dublin area, as

⁷ The closure of the hostels and movement to a system of fostering for separated children was a specific commitment of the Ryan Report Implementation Plan, 2009 (Action 31).

children are now being placed throughout the country. The HSE (2012) indicates that work has commenced to 'identify organisations around the country who provided services for new communities and to harness these supports for the benefit of unaccompanied minors being placed with local teams.' While this is welcome, there is a need for an in-depth review of the scope and range of educational and care services for separated children that were developed in Dublin at the time of the hostel accommodation system. This review should identify key lessons and inform a cross-country dialogue in the development of national supports for trafficked children. In earlier research we undertook, participants working with separated children questioned the extent to which children were being placed in proximity to psychological/medical support services with experience in dealing with separated children. Issues also arose regarding their schooling, where children were moved during the school year, disrupting their studies. All of this may represent a loss of 'communities of care' which have developed around the needs of separated children in the Dublin region (Arnold, 2011; Horgan et al., 2011a and b; Ní Raghallaigh, 2011a). These issues will be explored in Section 2.

Snapshots

- Rapid escalation in the numbers of separated children entering Ireland over a short period, from the early 2000s, requiring somewhat of an emergency response.
- Need for standardised, clear statistical data on referrals of trafficked children to the HSE and the outcomes for those children. Inter-agency co-operation in recording data on trafficked children's movements and contacts with agencies is necessary.
- While there are indications that there is greater consistency in the understanding and use of the term trafficking as defined in the Criminal Law (Human Trafficking Act) 2008, there continues to be some variation in how child trafficking is approached in practice.
- Children First Guidance needs to provide clear indicators of child trafficking, as in the *HSE Child Protection and Welfare Practice Handbook* (2011), along with more comprehensive guidance on working with trafficked children.
- The HSE/AHTU (nd) guide on 'Services to Victims of Child Trafficking' compiles information on indicators, policy and associated services and supports. This guide could form the basis of communication across stakeholders in this sector on the development of a child-centred response.
- Acknowledgement of the key role played by the Anti-Human Trafficking Unit within the Department of Justice and Equality since its establishment in 2006.
- There is a child-centred approach to trafficking.
- Key provisions such as the identification of adults accompanying children and temporary residency included in the IRP Bill 2010 need to be enacted.
- Temporary residency should automatically be provided in law for trafficked children on humanitarian grounds.
- There is a need to acknowledge the crucial role of guardians for separated and trafficked children and support the development of this role.
- The *Optional Protocol to the United Nations Convention on the Rights of the Child on the Sale of Children, Child Pornography and Child Prostitution* should be ratified by the Irish government immediately.

Section 2 //

Separated & Trafficked Children & Care Provision in Ireland: A Service in Transition

Identification, Reception and Assessment:

While professionals and those in contact with children need to be aware that identification of children who are trafficked can take place at any time, there are specific flashpoints where the identification of migrant trafficked children can be particularly likely. These include attention at ports of entry in cases where children present alone, as well as in those instances where they present with adults. Furthermore, attention needs to be given to subsequent care arrangements of separated children to ensure that such placements do not expose them to trafficking.

As stated earlier, a key challenge associated with the process of trafficking at ports of entry is the identification of vulnerable children at different points in this process, a challenge that can be best achieved through interagency co-operation. UNICEF (2006) outline pro-active identification measures for child victims of trafficking who, they argue, are only rarely able to extricate themselves independently from their exploitative situation. They may be identified either by government actors, such as law enforcement agencies, or by NGOs and local social welfare organisations, particularly if such individuals are trained accordingly and if a system of victim referral is in place. We know that children who are suspected of being trafficked are identified at this point by professionals who are alert to signs including the following: children presenting in fresh clothes at the end of quite long journeys, children who are under pressure to make contact with people having arrived at borders, and/or issues related to adults claiming to be relatives (Brownlees and Finch, 2010). Within the Irish context, concerns have been raised with regard to interagency collaboration and clarity around the practice of identification.

ASCI are concerned with the lack of clarity on the HSE's presence at the airport and their policies and procedures in relation to meeting separated children (accompanied or unaccompanied) at the airport – specifically as regards assessing the relationship of the separated child with the adult who may be accompanied by him/her (ASCI, p.8).

In Ireland, the Garda National Immigration Bureau (GNIB) officers who are present at ports of entry are part of the national police force, An Garda Síochána, unlike in other jurisdictions. This means that they are trained in investigation, which the GNIB argued, in previous research we have carried out, puts them at an advantage in the identification of and intervention with possible victims of trafficking. Furthermore, the GNIB indicated that they had developed and rolled out a programme of training on identification of trafficking for their officers⁸. However, in January 2012 the Minister for Justice and Equality, Alan Shatter, TD, announced the initiation of a pilot scheme to replace these Garda officers with civilian staff drawn from the Irish Naturalisation and Immigration Service (INIS) (Dept. of Justice and Equality, 2012). Currently, on identification, the children are interviewed to start gathering information on their background and reasons for travelling. This interview involves photographing, fingerprinting, issuing of an identity number and a temporary residence permit. The children are also issued with an asylum application questionnaire, which they are asked to complete for ORAC. This questionnaire needs to be completed within seven to ten days (Hussman and Cooney, 2010). The HSE previously indicated that there is co-operation at the ports between itself and the GNIB, including collaborating around interviews (Kenny, 2011). The HSE (2012) has clarified to us that joint interviewing does take place between immigration officials and social workers

⁸ This relates to research undertaken by the Child Migration and Social Policy Group, with professionals working with trafficked children and separated children seeking asylum in 2009 and published in Horgan et al., 2011a and 2011b.

at the port of entry. They further point out that 'a protocol has been agreed between the H.S.E. and the G.N.I.B. in relation to the improved screening and tracking of unaccompanied minors presenting. This protocol includes finger printing for tracing purposes, collaborative interviewing and joint training of social work and immigration staff deployed at ports.' Co-operation in this regard serves to develop greater understanding between the statutory functions dealing with the children and helps to develop inter-agency co-operation that is centred on the holistic needs and welfare of the child. On identification, referral of vulnerable children to the HSE takes place under Section 8 (5) a. of the *Refugee Act 1996*, as soon as is practicable. They are referred to the HSE Team for Separated Children Seeking Asylum, based in Dublin, which assumes responsibility for the care and welfare of the children under the relevant sections of the *Child Care Act, 1991*.

As mentioned earlier, it must be noted that the care and accommodation of separated children has changed significantly through the Equity of Care policy (HSE, 2009). This included a commitment to closing the hostels and placing children under 12 directly into foster care, in line with national standards and an earlier HIQA recommendation (HIQA, 2007). All newly arrived separated children who are over 12 are now placed in one of four reception facilities or residential assessment centres, which have 24-hour care staff and are registered with the HSE.

According to the information available to us, the process of assessment generally begins with a preliminary needs assessment. This is carried out by a social worker in conjunction with qualified residential social care staff and input from a psychologist, if required. The assessment is meant to inform the most appropriate care option, and determine if the child needs additional supports. It is thought to incorporate the exploration of a range of care options for the child. This might include the possibility of family reunification, involving DNA testing where doubt exists about the authenticity of the relationship. It is also meant to investigate the option of returning the child to their country of origin which may involve consultation with relevant agencies such as the Irish Red Cross family reunification and tracing services. To the best of our knowledge, it includes medical screening along with follow up medical care, if necessary. Barnardos (2011) states that while the overall assessment includes trafficking assessment, how this is done is not clear. The HSE (2012) have indicated to us that a trafficking assessment is conducted as part of the child protection risk assessment. According to Barnardos (2011), it also includes abuse disclosure, psychological assessment and intervention if necessary, social care worker assessment and care, educational assessment and age assessment. It includes obtaining a Personal Public Service Number for the child, and commencing an asylum application if this has not already commenced. The results of the assessment inform the child's placement, with a foster family or elsewhere in the care system.

It was originally envisaged that they would be placed in these assessment centres for approximately four to six weeks for the purpose of assessment. However, the assessment period appears to be much longer than had been originally anticipated. The ASCI (2011) have raised questions regarding the timeframe for this, pointing out that 'presently, separated children are placed in Dublin centres for periods between 12 and 16 weeks'. More recently, the Minister for Children and Youth Affairs stated that the intake units should hold children for at most four weeks (Fitzgerald, 2011a).

Originally it was supposed to be four to six weeks and that is now extended to 12 weeks and sometimes more and the reason it is extended is because they can't identify foster care placements for them (Research Participant).

One research participant highlighted the difficulty for separated children in establishing trust when surrounded by multiple professionals in the early days after arrival in Ireland, and suggested that a move to fostering quickly may be in the best interests of children who have been trafficked:

If you think of a child who has arrived, who has been trafficked within the space of maybe four or five days to a week they are brought into a residential centre, they are meeting 14 or 15 (people). They are meeting you know immigration, they are meeting guards, they are meeting social workers, they are meeting an array of professionals. And in terms of psychological help, along with physical safety, the establishment of a sense of trust of people around you is a fundamental building block for the psychological resilience.

I think there will always need to be an immediate [response] and it will probably have to look like a residential care setting. But my feeling would be that that would need to be as short as possible. And I think preferably under ideal circumstances I think ... what should happen with all children, younger and older, is that they are immediately brought into a small family system rather than a large residential care system (Research Participant).

While we note the fact that children appear to be staying in the assessment centres for far longer than anticipated, a number of factors may be pertinent to this. The HSE (2012) point out that it is the experience of social workers who work with separated children, that it may take some time for trafficking to emerge as an issue during the assessment period. In the case of trafficked children, assessment is complex and might well be a lengthy process requiring the creation of a stable, safe and well resourced setting. A good system of assessment should regard each child as an individual, with their own set of needs, which must be established and attended to

without putting undue time pressure on the child. In this regard, the Separated Children in Europe Programme suggests that care authorities must base placements on a careful assessment of their needs (Save the Children, 2009, p.28). The environment in which such assessments take place must be conducive to conditions of stability and security emulating a normalised environment as much as possible in order to best facilitate the child's wellbeing. Furthermore, delays which are caused by the rapid move to fostering and the lack of availability of suitable foster placements for separated children are unacceptable.

Part of the brief for this research was to examine best practice with regard to safe care of trafficked children. Several initiatives on improving the care provided to possible child victims of trafficking as well as good practices, have been identified by the European Union Agency for Fundamental Rights report on *Child Trafficking in the European Union* (EUFRA, 2009). It states that 'Romania seems to be the only EU Member State that has developed a specialised integration programme for trafficked children. Under this programme, first the situation of the child will be assessed, then an individual intervention plan, including indicators (medical and psychological recovery, insertion/reinsertion into the education system and/or support for vocational training, reintegration into the family of origin or a foster family, legal advice, etc) will be drafted' (FRA, 2009, p.102). A particular initiative also considered to be 'best practice' is the Slovenian project, which introduced mechanisms to identify and connect victims of trafficking and/or sexual violence in human beings to asylum procedures in Slovenia. It has been extended to the wider region of South East Europe, to include Croatia and Bosnia and Herzegovina. Other good practices concerning care and protection for child victims of trafficking highlighted include the Danish National Action Plan (2007) which outlines the requirement for the Danish Immigration Service to draw up, in collaboration with a personal representative of the trafficked child, an individual action plan for the benefit of the child or young person who has fallen victim to trafficking.

Care Services and Accommodation

The Separated Children in Europe Programme's *Statement of Good Practice* (2009) argues that suitable care placements must be found for separated children as soon as possible after their arrival or identification. It goes on to suggest that every separated child should have the opportunity to be placed within a family, if it is in their best interests. Furthermore, it is argued that separated children need consistent adults in their lives, drawing our attention to the importance of fostering, in contributing to continuity and in facilitating opportunities for the development of close relationships within families (Abuminah and Blower, 2010).

Indeed, practice in Ireland now follows this guidance whereby most separated children are being placed in foster families throughout the country, with a smaller number of older children in supported lodgings or in residential centres. As of June 2011, there were 65 separated children or aged out minors in a mix of foster care (48) and supported lodgings placements (17) (HSE, 2011). In 2010, the Children's Rights Alliance called on the Irish government to give better protection and support to child victims of trafficking especially during the transition from hostels to fostering under the Equity of Care policy (Children's Rights Alliance, 2010). Despite the fact that all such hostels have now closed, there remain concerns about the level of support offered to children by local social work teams once they are dispersed from the residential assessment centres in Dublin. In understanding

trafficking as a process, and as discussed above, it must be noted that children are not always safe once they have been identified as trafficked. We know that staff must be trained and aware of the ongoing vulnerability of children once they have been placed in the care system, which does not always provide the necessary protections for them.

This process must be carefully managed to ensure that it does not disadvantage or endanger a child. For example, the necessary groundwork (trained staff and supports) must be laid down in advance of a child being moved out of a hostel to a foster family outside Dublin (Children's Rights Alliance/ECPAT, 2010, p.16).

The needs of separated children in the care system are complex. Messages from research with unaccompanied children regarding foster care placement, highlight a number of aspects which help them and minimise any emotional difficulties. These include the importance of finding somewhere to live that provides safety, where their experiences are acknowledged and recognised, but where they are not pressurised to talk. They also encompass care settings that are suitable in terms of language, culture and religion (Kidane, 2001; Stanley, 2001).

Even some of the foster care families that they were with possibly did them more damage than good because they didn't have any cultural training. The foster parents wouldn't have any cultural training or awareness of maybe cultural issues before they take on these kids (Research Participant).

The *National Standards for Foster Care* (DoHC, 2003) state that, wherever possible, children should be placed with carers from their own cultural, ethnic and religious group. Where such placements are not identified, foster carers should be supported to enable the children to develop a positive understanding and appreciation of their origins and background including their family background, culture, ethnicity and religion. In addition to the specific needs of a child who is alone here and from another country with possible communication and other difficulties, a trafficked child in the care system presents further challenges. It is internationally acknowledged that there is a near absence of suitable placements to take trafficked children. ECPAT (2011c) argues that specialist foster care is the ideal option for all child victims of trafficking, but a shortage of provision and a lack of resources in the UK means that many children are inappropriately accommodated. Trafficked children are more likely to go missing as their traffickers may find them or they return to their traffickers out of fear of the consequences for themselves or their families back home if they do not (CFAB, 2011). Barnardos in the UK, in recognition of such risks, has started a two-year pilot, specialised foster care scheme for trafficked children; this Safe Accommodation project may provide a useful model for consideration (Barnardos, 2012).

One of the primary considerations in securing safe accommodation for trafficked children is thorough vetting of foster carers. During the course of our research, questions were raised by some participants as to the extent of vetting that is taking place with regard to families drawn from new immigrant communities in Ireland. It is suggested that the rapid transition to fostering of separated children did not sufficiently take into account the lengthy time and complexity of vetting procedures that could be involved for such families. However, according to the HSE (2012), 'foster placements are carefully selected and vetted by a system of cooperation between the team for separated children and the local [HSE] placement committees.' This suggests that some disagreement exists on the effectiveness of vetting in practice.

The one query I would have in my head is if the foster families are not from Ireland how do you vet them going back to the countries of origin. I mean I remember asking it at some meeting and the reply to me was 'Oh well, if we go back five years that is enough' (Research Participant).

Our concerns [are] (a) finding foster families, (b) how would they be Garda Vetted and [we] asked if the reporting mechanisms are there. But there aren't any ... Yes, so the question I would ask is are they applying the same standard to the foster families for separated children as they are to the children of Irish kids being placed with Irish families (Research Participant).

The fostering of separated children has been contracted out by the HSE to private agencies including Five Rivers Ireland and Fostering First. Those foster placements incorporate a placement agreement, an assessment of the child's needs, support from a link social worker, and support from a cultural consultant. Additional therapeutic, education, child care and respite support are available at an additional cost. The agencies provide intensive support to all of its carers which include weekly support visits and access to 24 hour on-call services (Barnardos, 2011: 3).

We have generally found that there has been a positive response to the transition from the use of hostels to fostering separated children and good practice and experiences were recounted throughout our research. One research participant commented that it 'is one of the really positive things that has happened in the last several years with regard to the care of separated children'. Nonetheless, there are some issues of concern related to the inspection system for private fostering arrangements, training of foster carers, cultural matching and the loss of expertise represented by the dispersal of separated children across the country.

The four residential assessment centres are inspected and registered by the HSE Registration and Inspection Service. The HSE (2012) states that a dedicated monitoring officer with links to both residential management and HSE management of the service oversees standards and performance in these centres on an ongoing basis. A small number of separated children are placed in HSE foster placements which would fall under HIQA's remit. However, currently, the private fostering agencies placing separated children are not under the remit of HIQA which has implications for the equity of care for separated children in foster care regarding monitoring of standards. Regardless of whether or not these agencies have developed their own individual standards, HIQA do not assess standards in these services. Rather this is the responsibility of the HSE monitoring officers and it would appear that the HSE structures for monitoring foster care services generally are not robust. In particular, there are inconsistencies around the country in terms of the filling/staffing of these posts. For example we have learnt that, at the time of doing this research, there were no monitoring officers for foster care services in the HSE South. This is of concern, given that ECPAT (2011b) has highlighted the expertise of traffickers in manipulating gaps in legislation, policy and practice in order to further their exploitation of children. Furthermore, it fails to respond to a key recommendation of the Ryan Report that 'independent inspections are essential' (CICA, 2009, Vol. IX, p.463). HIQA hope that this situation will change in 2012 through the enactment of specific sections of the Health Act, 2007 which will extend the Authority's existing remit for the protection of children. The recently published *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People* (HIQA, 2010) outline that, as an independent organisation with responsibility for quality social care settings, the Authority will be given statutory responsibility for the inspection of foster services for children and young people run by private companies.

I think there have been very successful matches. Unfortunately I do know of a few cases where places have broken down but then again placements break down for Irish children that are put into foster care. I think one of the difficulties is initially, I think they [HSE] kind of thought they could place children within a much shorter time period than it actually takes to find the right placement for a foster family and I still would have my doubts about the training and the level of understanding that I suppose is reached by the foster family before getting a ... separated child into their care. There really needs to be that ongoing support, extra support and different support to what [other] foster carers should receive (Research Participant).

According to the ASCI (2011, p4) '[t]he experiences for separated children and foster carers in foster placements have varied significantly.' The issues span a number of dimensions of placements including insufficient training for foster carers, inappropriate cultural matching, insufficient financial support for children, lack of awareness by children of complaints' mechanisms, poor language supports in some locations, as well as varied educational and community supports for separated children in foster care.

These issues, while they remain unresolved, can result in placement breakdown. We do not have figures on the incidence of placement breakdown for separated children in care. Nonetheless

Barnardos, ASCI and the Irish Refugee Council have all raised concerns about this and draw our attention to the need to develop a robust regulatory framework that encompasses training, ongoing support and appropriate matching.

The HSE Separated Children Seeking Asylum team are based in Dublin and were established to respond to the needs presented by this group of children in the early 2000's. Over the years, they have developed expertise in this area and are experienced in dealing with the complex needs of separated and trafficked children. Some research participants questioned the rolling out of a national service for separated children at a time when numbers of separated children are decreasing, and expressed concerns that such a policy will result in the loss of this knowledge and expertise within the care system.

Foster care placements

Two types of foster placements are used for separated children – private foster care providers and placements managed directly by the HSE. The HSE (2012) states that the majority of the foster placements provided currently are with private agencies with which the HSE has service level agreements. The foster agency appoints a link worker for each foster family to support foster parents. In the case of HSE managed placements, the link worker is a social worker from the Dublin-based Separated Children Seeking Asylum team. In this regard, the HSE (2012) also states that in both of these care arrangements, the child is allocated a HSE social worker. In regard to best practice in care arrangements, the Separated Children in Europe Programme (Save the Children, 2009) suggests that regular reviews of care arrangements be carried out. The HSE (2012) states that a care plan is completed for all separated children. This care plan is reviewed within seven days of the young person moving from intake into a foster placement or supported lodgings and at regular intervals thereafter. However, the ASCI in their briefing paper, *The Equity of Care Plan for Separated Children: One Year On* (2011) questioned the appropriateness of placements for some separated children. They cite anecdotal evidence that some children have been placed with 'carers with no experience [of] working with this client group and [who] have not received sufficient training or information from the HSE on specific issues in association with this client group (e.g. communicable diseases, post traumatic stress, trafficking, health issues related to separation or past violence, the asylum process, fear, etc)' (p.5). In response, the HSE (2012) states that foster parents are carefully selected and vetted by both the SCSA team and the placement committees in the local areas into which they are moving.

While cultural matching can have very positive outcomes with regard to easing the transition and integration to Irish society, it is not unproblematic. It should not be assumed that matching children with foster families from their own communities is in their best interests. Given that trafficking is sometimes facilitated by people known to victims of trafficking, it is possible that in placing children with families from their own communities they might be re-exposed to exploitation, or their families might be placed in further danger of harassment from traffickers in their communities. Some separated children interviewed by the Irish Refugee Council for *Closing a Protection Gap* in 2010 have stated that they preferred to be placed with an Irish family. Some young people felt that cultural matches often complicated

I think one of the big concerns is that the separated children's social work team in Dublin developed, obviously, over a period of time and they had regular meetings all together and they were able to share and develop their own knowledge and expertise as a collective unit. Whereas now you have social workers who might have only one separated child on their books and when you think about the complications in terms of the asylum process, and everything else that they would need to come to terms with, you do question whether or not it still is really the best thing to move them [separated children] outside of Dublin (Research Participant) when you are looking at particularly vulnerable children, separated children, that have been trafficked or they are at risk of trafficking there is going to be a whole series of needs that will have to be met by an expert group of people working with them holistically and this is just my own personal view, it would be difficult to meet those in Dublin, but more so outside in the country. Particularly with cutbacks and the shortages and the breaking up of the social work team (Research Participant).

It is a big academic debate as to whether it is appropriate to place children from a different ethnic background with different ethnic foster parents. But out of necessity I think, sometimes it may be hard to place ... an African child with an African foster family because, as you know, it is a pretty rigorous process to go through assessment and to be approved as a foster carer. There are some parts of the country that we know that haven't been actively recruiting new foster families over the last year or two and there are more kids coming into care than at any point in the last 10 years this year so there is a high demand for foster care placements. So I think sometimes the need for an actual placement trumps trying to get the exact ethnic background (Research Participant).

their lives because of unfounded assumptions about similarity in their backgrounds when being placed with a family from the same geographical region. As the ASCI argues, 'this child will then have to navigate their own integration experience in Ireland as well as in the home' (ASCI, 2011: 5). These issues once again reinforce the need to listen to the voice of the child and highlight the importance of allowing sufficient time for the child to express their views during the assessment phase. This is in line with the *National Standards for Foster Care* (DoHC, 2003) which emphasise that the right of children to participate in all decisions in relation to their care should be facilitated through access to advocacy and support services. Individual, private fostering agencies do report taking the child's views into account in placement decisions. But again, these standards are not robust, and without appropriate monitoring they remain the responsibility of the individual agency. The HSE (2012) states that decisions in relation to placements are based on an intensive assessment of the needs of the individual child. 'The views and wishes of the child are incorporated into both the assessment and care plan and contribute to considerations in relation to placement. For example, some children who have suffered abuse, neglect or other unpleasant experiences within their own ethnic or cultural group and who may have sought asylum/ refuge on this basis often ask not to be placed with adults from this background and their wishes are respected. The primary aim is to match the child to a family in which they will feel nurtured, safe and accepted' (HSE 2012).

One research participant recounted her experience of assumptions about cultural matching and ensuing tensions with regard to a child who was from a different African country to her foster family and social worker. She stated that '... she was African, she was with an African family from another country but her social worker was also African from the same country as the foster family, and there was definite tensions there between the young one and the social worker' (Research Participant). On the other hand another research participant recounted a very positive experience of a separated child being placed with a foster family from her own background: she commented that 'She is Nigerian and is placed with a Nigerian family and that has worked a whole lot better for her and it really was about she said like they were a nice family [Irish family] but they just didn't get me' (Research Participant). Another research participant pointed to similar issues arising with regard to placing Traveller children in care and the key importance of cultural competency in foster carers. He suggested that 'there are many foster carers who with some support, knowledge and insight will understand. I mean it goes back to the whole idea of years ago, Traveller children ... what they need is understanding, they have a different view, different terminology, different thinking' (Research Participant).

Mohammed (2010) reports, from interviews conducted with separated young people in foster care who were attending the Dun Laoghaire Refugee Project, that most seemed to have settled in well with their new families. Nonetheless most young people did not seem to know what their rights and entitlements were while in foster care, and also they did not know who to contact if they were experiencing difficulties with the fostering parents.

The same research also uncovered incidences of poor financial supports for some separated children in foster care, citing a case where a young person made a €240 request to the Dun Laoghaire Refugee Project for fees to pursue a Post-Leaving Certificate (PLC) course.

After talking to this young person, I realised that he received a basic allowance of €20.00 per week of which he buys a weekly bus ticket to school of €15.00, which leaves him with €5 weekly allowance, €150 clothing allowance every six months, of which the foster family did his shopping for him. He was unaware of his entitlements (Mohammed, 2010: 11).

The HSE (2012) points out that it does not automatically fund third-level or postLeaving Certificate courses. However the SCSA team support the children in sourcing grants and liaising with colleges in relation to access. They also state that issues in relation to pocket money are discussed and agreed with the child and incorporated in the care plan. This includes the amount of pocket money to be paid, the regularity of the payment etc within reasonable parameters. For example some children choose to receive a reduced amount into their hand and to save an amount for bigger purchases.

Through the interviews that we carried out, it was suggested that, initially, there had been poor follow-up support for separated children who were transferred out of hostel accommodation and into foster care arrangements throughout the country.

The procedures for placing a trafficked child in foster care and the level of information supplied to the foster agencies were outlined by one research participant as follows:

If they believe it's a trafficking issue as opposed to a separation they will be very careful and they will give us that information and we will be mindful of it when we are placing the child, in terms of making sure the foster family know, find out if there are people that they shouldn't be in contact with, depending on their age, what is the story with their mobile phone, what contacts have they on their phone so that kind of stuff. There would be sort of a safety assessment done and probably at the very start the information you have is not always great and that is not because the separated children's team can't get it or that they are not skilled, it is because it is very, very difficult for kids to talk' (Research Participant).

So I have been aware of social workers being linked in with separated children. If that placement breaks down they could be in another part of the country with a new social worker, so there is that disjoint. If we were tracking the standard of care for that child based on what is appropriate, you would say well it is not appropriate for the child to have ongoing change of social workers. So the question would be for those children that are trafficked, and there is a culture that exists of secrecy and the need to maintain that is what fuels it. So if the care package is broken and disjointed that does not lend itself to addressing the fact that those children are vulnerable and becoming more vulnerable (Research Participant).

This highlights the complexity of placing trafficked children in care. There is some expectation that with the decrease in the numbers of separated children in the care system, ongoing support for separated children in foster placements may now be increasing, but evidence of social work support for children once placed in foster care is somewhat unclear. The social workers in private fostering agencies act as a support for the foster carers, but it appears that fostered separated children are in something of a vacuum, in that they remain the responsibility of the HSE. However, their day-to-day interactions are with staff in the private fostering agencies, who seem to be extending their responsibilities to include the children. Are these children and young people the responsibility of local social work teams, or are they the responsibility of the separated children's seeking asylum team in Dublin?

Children First Guidance (2011) recommends that a protocol be devised for all children who are being moved within or outside of HSE care. The HSE (2012) states that at all stages in the transfer process the child maintains an allocated social worker who oversees their needs and care as outlined in their care plan. They have provided the researchers with details of the process for linkage and transfer as outlined below:

Possible fostering or supported lodgings placements are sought shortly after intake. The matching process begins and, in consultation with the child, the most appropriate placement is identified.

The local social work team is notified of the SCSA team's intention to place a child in their area and advising that they will be invited to meet the child as soon as possible.

When the child is ready, an introduction to the potential carers is made, usually during a short visit to the family home followed by a few overnight visits.

Before an overnight visit takes place, the local social work team is advised that a child in care will be spending the night in their area.

When a move date is decided, the local social work team are advised and invited to meet the transferring social worker and the child - generally during a formal transfer meeting which is often in conjunction with a statutory child protection care plan review.

The HSE (2012) states that ‘in the event that there is any delay in the case being allocated to the local team, then the child retains the allocated social worker on the unaccompanied minors team.’

Furthermore, HSE training manuals and the draft HSE Operational Plan 2009 indicate that the SCSA team are passing on cases to the Local Health offices, but evidence from this research would seem to suggest that communication routes are far from robust. Research participants raised the following issues regarding transfer of separated children to local HSE areas:

One of the difficulties that they would have found is when they go to transfer to the local areas, like a lot of those community care areas are under so much pressure that they would not get a look in (Research Participant).

Wherever the [separated] children have moved, it has been passed out to the local HSE area. So I suppose in terms of how that works, we have to be very sensitive to how every HSE area works and I guess to some extent we have to fit in with them. I suspect that if people feel they are paying for a child to go into a private agency there is probably an expectation that ... they can take their eye off the ball a bit because at least that child is safe (Research Participant).

Some research participants interviewed for this research reported that social work teams in the HSE Local Health Offices are refusing to take separated children into their care due to lack of training, preparation and services in the locality. One participant commented that ‘the child protection teams are swamped anyhow, so they are not accepting them as referrals to the teams and they are not allocating any workers to them’ (Research Participant). ASCI (2011) have also indicated that local teams are refusing to take separated children into care without a care order and because of the difficulties they may encounter in supporting and providing aftercare for these young people when they age out of the state care system on turning 18 years. In this research, there were also instances where social work teams appeared to be unaware of the existence of separated children in their locality when private fostering agencies had indicated to us that they have separated children in their care in these same areas. The HSE (2012) accepts that there was an initial reluctance on the part of local social work teams to accept a transfer of cases but this, they argue, was on the basis of resource issues alone. They further agree that there are ongoing issues in relation to transfers to some teams and these are being brought to the attention of the National Director and dealt with on a case by case basis. The management of the unaccompanied minors team (formerly the Separated Children Seeking Asylum team) has also agreed to redeploy some staff from the team to local teams in order to facilitate this transition. In all cases, the children retain an allocated social worker from the Separated Children Seeking Asylum team whilst awaiting transfer. Together, these findings raise serious issues concerning communication within and between HSE areas and teams, indicating that the agency itself is not working in unison. The HSE Equity of Care policy outlines that it is expected that once separated children are placed, the Local Health Office will provide social work support to those children (McHugh, 2009). There is a question as to what the case transfer practice is among the different divisions within the HSE.

Furthermore, questions arise with regard to their respective communication with the private fostering agencies. The HSE has official guardianship responsibility for children in its care, yet it is unclear if this responsibility is delegated to the local teams or if it is retained by the Dublin-based team in the case of separated children who are being dispersed to fostering arrangements around the country. Social work support for trafficked children needs to be nuanced in order to respond to the complexity of issues and needs arising. This might include, for example, a dual social work support for trafficked children comprising a social worker from the Separated Children Seeking Asylum Team acting in an advisory capacity and the local social worker providing for the ongoing care needs of the child. This would facilitate the transition of services from Dublin to a national base.

Part of HIQA's new brief will be to inspect child protection practice in the HSE and, in this respect, Draft Standards for the Protection and Welfare of Children have been published in March 2012 for public consultation. It would be advisable that this aspect of practice be dealt with in the Standards as a matter of priority.

Arising from these concerns a number of questions need to be addressed. These include the following:

1. What are the outcomes of the new foster care system for trafficked children?
2. Proportionally, are fewer separated children going missing?
3. Are more separated children participating in education?

Although at this early stage, the outcomes of the transition to foster and residential care provision are still unclear, anecdotally, the HSE reports improved collaboration with social and link workers. They also indicate that more separated children are now remaining in education longer. Furthermore, the HSE reports that of the seven separated children who have gone missing from care in the first half of 2011, from a total of 46 referrals to the HSE, most of these have been accounted for (HSE, 2011). However, Barnardos believes that an evaluation of the care provision for separated children is necessary to ensure that the needs of this vulnerable group are being met (Barnardos, nd). In order for such an evaluation to take place, robust and transparent information needs to be made available. Most of the service providers interviewed for *Closing a Protection Gap* (Arnold, 2010) welcomed the move from hostels to residential homes and foster care. However, most also criticised the move as being implemented too quickly. This must be considered, as it has serious implications for the success of the placements and the likelihood of placement breakdown.

Supported Lodgings

The supported lodgings scheme began in 1995 and is provided under Section 5 of the *Child Care Act 1991*, which requires Health Boards (now HSE) to make suitable emergency accommodation available for homeless young people. Supported lodgings are private family units with built-in support offered by families or individuals who have a spare room. They are considered to be a transitional resource and meant to be on the continuum between a foster family and independent living, where there are varying degrees of support for those aged between 15 and 18 years. We are aware of only one case of a separated young person under 15 years currently being accommodated in supported lodgings. In this regard the HSE suggests that '[t]here is one exceptional case of extenuating circumstance which required the placement of a 14-year-old into a supported lodgings placement' (HSE, 2011). Supported lodging providers are expected to provide good-quality accommodation and a bedroom of their own for the young person. The provider is subject to a Garda check and character references. This scheme emulates similar developments, for instance, in the UK and has been developed as 'a short-term emergency solution to the needs of adolescents for whom foster and residential care placements are not suitable or available.' (Kelleher et al, 2000: 171). In this, it recognises the necessity to develop a diversity of care arrangements to meet more complex needs of some older children. Reiterating the importance of assessment, a thorough assessment of separated children's needs may indicate that for some young people, a more independent accommodation option is recommended, particularly so due to their past experiences and, perhaps, where a young person is used to making decisions and acting autonomously. Indeed, it is acknowledged that the development of such care options is necessary for some children, as the following observation from a research participant indicates: 'some of the more independent and maybe more confident young people actually probably prefer that [supported lodgings] to foster care ... and they have more social work link care from the HSE for example, but slightly more independence than say in foster care' (Research Participant). The HSE has also suggested that they would strongly consider the use of this option when there is a question around the age status of a separated child (Kenny, 2011). The HSE (2012) states that 'the social work team for unaccompanied minors recognizes a value in supported lodgings

for some children in the higher age bracket who, for age related and cultural reasons, may have a greater need and capacity for autonomy. Some of this age cohort express a wish, during assessment and care planning, to access a less intense form of placement.'

... if they are properly done they can be very useful for a stepping point for a young person. The difficulty is the age of some of those young people that are put in supported lodgings I mean I heard of a 12-year-old being put in supported lodgings. That is just completely unacceptable. A 12-year-old needs to be loved and nurtured in the midst of a family... You know and when you think of the added risks of separated children in terms of isolation and all that kind of thing I mean it is very worrying. Certainly it is not that separated lodgings should be discounted (Research Participant).

However, it must be noted that the use of supported lodgings is contested among stakeholders within the sector. For instance, the Children's Rights Alliance (2012) does not support the use of supporting lodgings as part of the care continuum. They contend that while there can sometimes be a rationale for supported lodgings, under certain circumstances, and for certain children, until such accommodation is covered by national standards and registered and inspected by HIQA they will not support their use.

Furthermore, one of the more controversial options that has been used within supported lodgings is Bed and Breakfast (B&B) accommodation. The practice, while providing shelter, cannot be thought to fulfill any other care needs.

The use of B&Bs has received much criticism generally, and in the UK the government committed to ending the use of B&Bs by its local authorities, by 2010, except in exceptional circumstances, and if at all, for no longer than six weeks (Fostering Network, 2008). This is a view that was reiterated in our research, as voiced in this interview extract: 'B&Bs for me are a 'no no', and the problem is they are used for over 16 year olds and, especially if you have a young person involved in trafficking, there is no level of, I suppose, emotional care, you know the sense of belonging, you don't belong in a B&B' (Research Participant).

Some of the more independent and maybe more confident young people actually probably prefer that to foster care as that is more like living with mum and dad. But we feel as a result of that some of the more vulnerable ones do not get the kind of care that they seek (Research Participant).

More generally on the use of supported lodgings, another research participant argued that supported lodgings may be a more appropriate option for some separated children, if they are expected to go into direct provision shortly anyway. Notwithstanding the many criticisms there are regarding the Direct Provision system currently in place for people seeking asylum in Ireland, a discussion of which is outside the remit of this report, it was thought that placing such young people in a foster family, for a very short

period of time, would be almost counter-productive. It was also suggested that supported lodgings can work in a positive way and be experienced as peer support, where young people are placed in proximity to one another. However, concerns related to negative peer influences in supported lodgings were raised by some participants who argued that living with other separated children may result in 'feeding off mutual negativity'. Furthermore, it was suggested that, if located outside of Dublin, living in supported lodgings may be more difficult as the young people would be likely to have more limited access to specialist services which are available in Dublin. It was suggested that there is a necessity to hear the voice of the child more in such decision-making. Finally, it was argued that reference to supported lodgings within legislation and guidance is limited. The legal status of such accommodation and care options needs to be defined without delay. While there can sometimes be a rationale for supported lodgings, until such accommodation is subject to national standards and registered and inspected by HIQA, their use is difficult to support.

Safe House

There have also been very mixed responses to the idea of a safehouse in meeting the care and security needs of trafficked children. This option is referred to in the SCEP Statement of Good Practice (Save the Children, 2009) as an alternative secure measure for countries to consider. In the UK, West Sussex previously ran a safe house for young people at risk of trafficking which closed as a result of a fall in the number of referrals and the resulting resource and occupancy issues. In evaluating such initiatives it is suggested that there is insufficient evaluation information to allow comparison between a safe house approach and current practice in the UK in providing protection and reducing 'missing' incidents (Harris and Robinson, 2007). Worryingly, according to one of our research participants, a closed centre in the Netherlands became known to traffickers, a situation which presented further risks to children.

Generally, research participants were not favourable to the idea of including a safe house as a care option for trafficked children in Ireland because of the possibility of children's whereabouts becoming known due to the generally sophisticated nature of trafficking rings. Furthermore, this option is not currently provided for in legislation in Ireland.

It was thought that, rather than a safe house approach to the care of trafficked children, the emphasis should be on protection, supervision and empowerment in more regularised care settings. One of our research participants spoke about this, citing the need to focus on providing a safe environment rather than a safe house. The Children's Society UK (2009) recommend that once a child is identified as trafficked and placed in a safe and stable placement, information and options open to them regarding their future, including the immigration system should be discussed fully with them. They recommend that any risks they might face should be explained to them and that they should be offered any support necessary. In line with this, Harris and Robinson (2007) suggest that after a needs assessment is completed, a protection plan should be agreed with the young person. This depends on the voluntary cooperation of the young person in agreeing that safety measures be put in place for a specified period of time, after which they might then be relaxed. These measures might include not going out unaccompanied, handing over their mobile phones or SIM cards, and providing the details of individuals they have been told to contact on arrival (Harris and Robinson, 2007: 88).

I don't think a safe house is a good idea because it becomes identifiable and we know, particularly in relation to adults from other countries there is no doubt but the word gets out where it is, sooner or later and people are going to be hanging around there and it won't end up being a safe house. And ... invariably human nature being what it is they are in touch with the family or somebody or with friends and they tell them where they are and somebody tells somebody else and obviously children are going to be a lot less discreet than that. So you are better off having people pocketed in different areas (Research Participant).

Psychological Services

Trafficked children may have experienced severe trauma and might face challenges related to separation from family and friends, bereavement, social isolation, language barriers, emotional and mental health problems, discrimination and racism. Rafferty (2008), in her work on the impact of trafficking on children, states that although empirical research in this area is lacking, numerous accounts suggest that the emotional and physical trauma and unrelenting abuse and fear present a grave risk to trafficked children's development. (Bertone, 2000; ECPAT, 2005; Scarpa, 2005). She concludes that trafficking and commercial sexual exploitation can impact negatively on the physical, educational, psychological, spiritual, and social-emotional development of young victims. The psychological issues that pertain specifically to suspected victims of trafficking when they enter a country are highlighted by O'Connell et al (2009). They suggest that children who are in a state of fear, and who may be pressurised by their traffickers not to divulge any information, are not likely to tell the truth. A key element of the experience of refugees, as highlighted in the literature, is distrust (Daniel and Knudsen, 1995; Hynes, 2009). According to Ní Raghallaigh (2011b) the causes of this distrust are associated with a young person's past experiences, their being accustomed to distrust, being distrusted by others and not knowing people well. However, in many ways distrust can be interpreted as 'functional' and as another coping strategy for dealing with the multiple changes and challenges with which they are confronted (Kohli, 2006).

It is argued that specialised intervention programmes should be developed, implemented, and evaluated to effectively address the physical, psychological, social, and educational needs of children who have been trafficked and to facilitate their reintegration into their families, schools, and communities (IPU and UNICEF, 2005; United Nations Division for the Advancement of Women, 2002).

And I think once the word trafficking is used there is a sense around a child, of then immediately needing specialist psychological treatment and that is not always the case. As soon as the language of trafficking is used there is an assumption that there has been significant psychological abuse or physical abuse leading to psychological damage. And I think one needs to tease out the experience of the child involved in order to determine, you know, what exactly the impacts are. But I think within that the wider environmental and relational issues that serve to promote psychological health can sometimes be missed (Research Participant).

Notwithstanding the key role that specialist services can provide, during the course of the research attention was drawn to being cautious around making assumptions that children and young people who are trafficked automatically require specialist psychological services, rather than looking at their individualised needs. There is also evidence to suggest that trafficked children and young people may not necessarily need such specialist services and that priority should be given to the development of secure and 'ordinary' relationships outside of professional settings, as voiced by one research participant in commenting that 'the priority is not the attendance for psychological treatment but the priority is for physical safety and security and the building up of an ordinary relationship as opposed to a professional relationship'.

As part of the broader response to separated children arriving in Ireland, the HSE Dublin South East, Local Health Office (LHO) Area was established in 1991. Within this service, a designated senior clinical psychologist post was established in 2001 to initiate, develop, and coordinate the Psychology Service for Separated Children Seeking Asylum in the wider Dublin area, within the Psychology Service for Adult Refugees and Asylum Seekers. The post was assigned to the HSE Dublin South East Psychology Service in 2008 and the service has continued from this base since then. It aims to provide a culturally sensitive

Now within all of this I am also very clear that there are kids, whose experiences have disturbed their psychological equilibrium particularly seriously and they may very well require specialist treatment (Research Participant).

service, and works in close liaison with the HSE Social Work Team for Separated Children Seeking Asylum, foster parents and residential staff, and other relevant professionals and services, as necessary. The HSE (2012) states that 'in the event of children having a serious need for intensive psychological or psychiatric intervention a decision is normally made to retain them in Dublin and under the care of the unaccompanied minors team.'

The development of this service aligns with the view that child victims of trafficking are thought to benefit from, and have a right to, counselling and debriefing services. However, the Children's Rights Alliance in the *ECPAT Stop Sex Trafficking of Children and Young People Ireland Country Progress Report* (2010) argue that there is a lack of information on how child victims of trafficking are treated. Hence, they argue it is unclear if these services are systematically offered and accessible to child victims of trafficking in a timely manner. It is also unclear if they are specialised enough to recognise the particular support needs of victims. Further to these concerns, we are aware that access to psychological services for children and adolescents in the general population can be difficult. In fact, O'Connell *et al* in their *Thematic Study on Child Trafficking: Ireland* state that, 'as in the case of all children in care in Ireland, it is very difficult to obtain the requisite access to psychological care' (2009:

Certainly, it was understood that children in care had a special status in relation to accessing those specific therapies and that seems to be diminishing by the day almost (Research Participant).

51). They identify limited resources as a key barrier to such access, a pertinent factor considering current challenges presenting in state services more generally. Another associated issue of concern is that it is thought that some victims of trafficking are not being officially recognised, even though professionals may have suspicions, and thus the individual is not being provided with psychological support.

One research participant highlighted the need for, perhaps, directing more psychological supports to foster carers in order to better support trafficked children, suggesting that

I think, no more than other kids in care, if there was more access to psychology ... but not every child that has issues or is hurt needs direct psychology intervention themselves. Sometimes the direct work comes through the fostering. We have access to psychologists who will do the consultancy thing with the foster parent, because if the child is opening out to one person that might be all they can manage but it is somebody's understanding and they have somebody to go [to] (Research Participant).

This view was reiterated by another participant who stated that, often, the priority for a trafficked child is the provision of a safe, stable base. This participant emphasised the importance of forging good attachments within a family unit, suggesting that resources would be best placed in that unit.

The first thing that needs to happen is that normality is restored in so far as it is possible, security is restored in so far as that is possible. Normality may be different because if someone has been brought from one sort of life to another sort of life then obviously normality has to be created as opposed to re-established. So I think for children what is essential is, you know, literally physical safety and all the physical needs are addressed, then it is around engaging and that there is at least one adult relationship beginning to be established, with a nurturing, caring relationship being established (Research Participant).

Utilising the psychological support service currently based in Dublin South East as a resource for professionals around the country, was suggested as a way of supporting the transition to the countrywide fostering system, rather than developing specialist services in different locations around the country.

I think in terms of numbers it would be very difficult to create a specialist post or specialist service, I think it would be extremely difficult. So what, in my experience, what has happened is I am often ... and my colleagues in the adult service ... often have queries from other colleagues from around the country ...and that apparently has been very useful (Research Participant).

Education Supports

Schools can often be a major source of support and information for separated children and can form part of a protective environment which can reduce children's risk of being trafficked.

Kilkelly (2007) argues that it is important that teachers are aware that such young people can feel isolated within the school environment. The young people can be unfamiliar with the educational system and school cultures and expectations, all of which can have a negative impact on their studies.

These difficulties can be negotiated in a number of different ways depending on the needs and circumstances of the child. In the first instance, education programmes specifically geared towards the needs of separated children can introduce them to the Irish education system and address language difficulties, if there are any, thus providing an induction and school readiness system for the children.

When separated children are placed in the mainstream school system, these programmes can form a bridge between formal education and more informal educational supports which are weighted towards their academic strengths including, for example, languages.

Inevitably it is professional involvement that predominates in the life of the child initially and inevitably professional relationships end and I think this is a really difficult experience for kids who perhaps begin to identify the professional as trustworthy and reliable and whatever but we know people move on and people change jobs. So I think the emphasis needs to be on beginning to generate as many ordinary normal relationships which can be maintained, as soon as possible and that is via things like school. Because I think school is one of the most important arenas for supporting the sort of routine and stability and normality that is required to support psychological resilience post trauma and for a child in that situation, school is really hugely important (Research participant).

... we would look at alternatives you know, for example a lot of them have a number of languages, that it gives them an opportunity to excel at languages and we look at the best ways to bring up their point[s] for them (Research Participant).

So initially what we offered was a summer programme and summer activities for separated children that were in Dublin and that included English courses. And then I suppose out of that grew what we call our Access Programme, and we have been running that, I think, we probably had the first one in 2002 so we have been running that for the last eleven, no nine years. ... We would have offered an access programme, which was a part time course with English classes and then we added maths and now we have added, what we are calling, life skills as well. Initially that was aimed at those young people that had either very low English skills, or who had very little or no education in their country of origin. And they would have stayed with us for a number of months, possibly for the whole academic year before they were moved on into mainstream education (Research Participant).

Once separated children are in the system, their difficulties can be eased by teachers who are culturally aware and thus can recognise and sensitively address differences as presented by a more diverse student population. This can respond to the needs of trafficked children by contributing to increased integration as well as facilitating their educational attainment and development of life skills.

With regard to addressing the education needs of separated children, the City of Dublin Vocational Education Committee (CDVEC) originally developed a programme providing separated children who were accommodated in the hostel system in Dublin and who had little or no English language, with an intensive English Language School. The CDVEC Separated Children Education Service has been working with separated children since 2002, offering a range of education-related services as well as outreach and youth services, to separated children living in Dublin. With the transition to fostering of separated children, its programmes have now been adapted to meet the needs of the children who are in the four assessment centres in Dublin. These are much shorter programmes because of the movement of children outside of Dublin after the initial assessment period. The children are referred to the CDVEC by the HSE Separated Children Seeking Asylum Team and are now accompanied to classes by project workers from the centres. This represents a change in practice recognising the security issues surrounding separated children. The CDVEC programme offers:

- English Language and Literacy Assessments
- Advice and referrals in relation to school placements and/or other courses
- Ongoing liaison and support for students
- After-school programmes (Drop-in, Study Buddy Homework Club, Life Skills programmes, including sports, beauty therapy, etc.
- Access Programmes to prepare students for mainstream education
- Annual summer school
- Outreach and youth work
- Information and support for schools with separated children
- Advocacy and promotion of best practice.

Its aim is to empower separated children and young people aged 10 to 21 years to live independent and healthy lives and to integrate into and participate fully in society. One research participant spoke of the valuable role played by the CDVEC in relation to a young girl who had no experience of the school system as she had been a domestic slave for most of her childhood to date.

According to the Ombudsman for Children's Office report on *Separated Children Living in Ireland* (2009) however, many children felt that the move to mainstream schools came too soon and some children were enrolled in standard schools despite not having the linguistic capabilities to cope. Experiences within schools can vary depending on the resources available, and the attitude of the Principal and teachers towards the children. As highlighted in *Closing a Protection Gap* (Arnold, 2010) some schools have excellent integration policies in place, with a buddy system for new students, while other schools segregate Irish students and international students in the class room.

In the new system, separated children are no longer attending schools in Dublin. This is an important point to consider, as some Dublin schools have had separated children in large numbers in attendance for the last decade and have built up considerable expertise. The HSE has liaised with various organisations, community learning centres, teachers and Principals for placements in schools and language supports with a view to integrating separated children into Irish schools. Some staff in these schools have learnt how to advocate for separated children as well. The worry among service providers and young people is that these systems, which have been built up for years in Dublin will not be in place, to the same level, outside the capital.

Furthermore, with the transition to foster care there is an assumption that foster carers will be able to assess the needs, including educational, of children in their care. However, care and community staff who are involved in working with aged-out minors have already found accessing education and language supports as well as intensive language programmes as their biggest challenge, as identified in *Closing a Protection Gap* (Arnold, 2010). We must not lose sight of the importance and range of the programmes already developed as well as the education and integration gaps that such services have sought to fill. Additionally, we must look to how the expertise developed by the various teams in Dublin can be shared and adapted with services across the country so that new localised provision can be rolled out nationally within the new care context. Further to this we have been made aware that the CDVEC are currently working on building links with bodies in Cork with knowledge in the area of separated children to begin an 'access programme' for asylum seeking children. This research has indicated that communities are developing educational programmes specific to the needs and strengths of this cohort of young people. Within this they are liaising with Dublin-based teams, for instance the Irish Refugee Council (IRC), the HSE Separated Children Seeking Asylum Team, and Barnardos to inform their work. How this communication and roll out can be facilitated before the expertise is lost is a question that needs to be urgently addressed.

That has been an excellent programme for a child like that, for whom mainstream education is going to be really difficult for a whole host of reasons. So this gentle transition, you know it is not an academically demanding Introductory Programme to School, has been of huge benefit. And this is not necessarily around someone who has experienced trauma but it is for someone who has had no experience of school for whatever reason. So it is an introduction, and perhaps whose [English] language isn't sufficiently well developed. So it was an excellent centre for that. (Research Participant).

Informal Supports

Peer supports

Abuminah and Blower (2010) cited research that found separated children identify other separated children as their key supports in coping with 'extreme social isolation, anxieties about family members in the home country, fears about the future, managing with the day-to-day challenges of school and adjusting to life in a new country'. (p.156). We need to recognise this as an important component of support in the transition to foster care. Our research has reinforced the case for developing a system of peer support for separated children, given the move away from the hostel system, which while heavily criticised did offer some element of peer support, albeit informally. In foster care, there is the danger that separated children will become isolated from people of their own or similar age, background and those in a similar situation. Hek (2007) reiterates this in her work on fostering placements for the care and resettlement of unaccompanied children, when she argues that fostering can be isolating and does not necessarily provide opportunities for peer interaction, thereby diminishing the possibility of sharing common experiences and problems. Linowitz and Boothby (1988) highlight the benefits of the placement of children in clusters, so that they are able to have contact with other children of a similar background as a supportive practice which militates against placement breakdown for unaccompanied children.

The big brother/big sister model would be brilliant for separated children even with just Irish individuals because I think it is just that extra little bit of support and interest (Research Participant)

... using structures to build up normal relationships and relationships which can continue so that they are not professionally grounded and which inevitably they can change. So I think the Big Brother/Big Sister really fits very, very well into that I think, it is excellent (Research Participant). (Research Participant)

And basically, it's obviously on a voluntary basis. A young person will say that they are interested in this and again volunteers are recruited and a match is made, and in Ireland there are only same sex matches, so a girl would be matched with a woman and a boy with a man. On the adult side there is a whole vetting process. An interview process etc that the adults have to go through and there is an interview process, if you like, with the young people as well. We haven't recruited anybody recently mainly because of the changes I suppose that people are, there are less separated children in Dublin and that they are with families anyway so they might not need that extra adult in their life (Research Participant).

The European Agency for Fundamental Rights (2009) cites special integration programmes for victims of human trafficking in the Czech Republic, the Netherlands and Slovakia. An example of a Dutch integration programme, provided for by state-funded NGOs, is a 'buddy' project, under which a victim of trafficking is matched to a Dutch person of the same age. Together, the victim and the 'buddy' may undertake enjoyable activities, such as talking, walking, visiting museums and cooking. In Ireland the CDVEC has developed a Big Brother/Big Sister system geared towards separated children which they adapted from the more general Foróige buddy system. This offers young people informal, non-professional support which, they suggest, was particularly useful for children who were living in the hostel system. Within this initiative, they engaged in normal day-to-day activities, such as going to the cinema, meeting for coffee etc. thus, providing a friendly point of contact and normative means of integration. The CDVEC question, however, whether this support is currently required given that it would be expected that such a role is now fulfilled by the foster carers and families. However, for trafficked children whose needs are all the more complex and who may have significant trust issues with authority figures as highlighted earlier, it may be worthy of consideration as it can offer another means of support which is non-professional and contribute to increased levels of integration for them.

Also, some research participants highlighted the need to organise opportunities for separated children to meet in group contexts. They suggested more informal and less regular types of initiatives that looked to developing 'other ways and means of setting up things, you know, a couple of times a year even not for the whole collected separated children's population but in regions just to provide something like that' (Research Participant).

Religious supports

Previous research we have undertaken has highlighted the importance of ethnic and country specific cultural support groups as well as religious groups. There have been similar findings regarding the value of faith in studies of asylum seekers, refugees and migrants in the Irish context and internationally (Ní Raghallaigh, 2011c; Wade et al, 2005). Such groups are often facilitated by community-based organisations and immigrant support organisations that focus on meeting the needs of communities in their areas as well as facilitating integration. Faith-based groups have also emerged throughout the country over the past number of years from immigrant communities themselves. They are thought to provide continuity amongst much discontinuity within immigrant communities. Such community-based groups are crucial in providing safe spaces to children who might be vulnerable to trafficking, through building networks and relationships and providing a protective environment, thus enhancing children's resilience.

Snapshots

- The overall movement of separated children from hostel accommodation in Dublin to foster care nationally is welcomed by all key stakeholders.
- These care arrangements are in a relatively early stage of development and a number of challenges are presenting around the management and inspection of services, the training of social professionals and the contracting out of services to private foster care providers.
- It is essential to ensure safe accommodation for trafficked children and this must be a key part of the assessment and planning process. While the Child Care Act 1991 requires the HSE to provide care and protection plans for all children taken into care, there are added complexities for developing such plans for trafficked children. Best practice is that every trafficked child is the subject of a care and protection plan which is agreed with the young person, incorporates key safety measures and indicates lines of responsibility.
- There is a need for continuity of care and the identification of a key carer for trafficked children at as early a stage as possible. According to official HSE policy, children are allocated social workers on arrival to the residential assessment centres and these social workers act as key carers and liaise with residential and foster carers in relation to the care of the child.
- The research revealed a lack of clarity on the transition of responsibility from the Separated Children Seeking Asylum Team in Dublin to social workers in the HSE Local Health Offices, which needs to be addressed urgently. The HSE acknowledges that there was initial reluctance on the part of some local social work teams to accept a transfer of cases. While this issue is being addressed, it is still not fully resolved as some separated children living outside Dublin continue to have an allocated social worker based in Dublin.
- While standardised case transfer protocols have been developed centrally by the HSE, communication of the transfer process within and between HSE areas, LHO social work teams and private fostering agencies requires attention.
- The HSE Dublin-based team for separated children seeking asylum should develop written policy and procedures on the care of separated migrant and trafficked children in order to harness the experience they have developed over the past 10 years and share their expertise nationally in a systematic way.
- Social work support for trafficked children needs to be nuanced in order to respond to the complexity of issues and needs arising. This might include for example a dual social work support for trafficked children comprising a social worker from the separated children seeking asylum team acting in an advisory capacity and the local social worker providing for the ongoing daily care needs of the child. This would facilitate the transition of services from a Dublin to a national base.

- The enactment of legislation is required to bring all care providers of separated and trafficked children, including private foster care agencies, under the inspection and monitoring remit of the Health Information and Quality Authority (HIQA).
- There is consensus that placements for trafficked children or those at risk of trafficking are specialised care placements and require comprehensive vetting, training and ongoing supports for the foster carers and children.
- It is essential that children's views on care arrangements are taken into account. Children's views must be central in the decision-making process on care arrangements.
- Not all trafficked children would choose, or benefit from placement with foster carers from a similar cultural background. Thus, it is advisable that placement decisions explicitly bear this in mind and that such decisions must be made on a case by case basis and in consultation with the children.
- Development of a dialogue with trafficked children to learn from their experiences of the process and the care responses. The lack of such engagement is particularly evident currently in the new care model.
- There is a lack of consensus among those working in the areas of child welfare, care, advocacy and support on the value of supported lodgings. However, given the particular needs of trafficked children, best practice is to refrain from the use of supported lodgings for this group of children in the care system until these are fully within the scope of HIQA.
- There is a need for an in-depth review of the scope and range of educational and care services for separated children that were developed in Dublin at the time of the hostel accommodation system. This review should identify key lessons and inform a cross-country dialogue in the development of national supports for trafficked children.
- Services developed should recognise the specific vulnerabilities to trafficking of separated children and how educational supports can respond to trafficking risks for children and form part of a protective environment.
- The importance of peer support networks for both foster carers and separated and trafficked children has emerged and should be developed in the context of the new decentralised services.
- Co-operation of agencies is required in the identification of trafficked children throughout the process of entry, care arrangements, and asylum processing. This requires continuing development of inter-agency training of care, immigration and justice personnel and inter-agency, child-centred interviewing at ports of entry.
- Development of protocols nationally that clearly identify responsibilities of state agencies and support mutual co-operation in tracking the care arrangements of separated children seeking asylum and their progress through the asylum system.

Section 3 //

Child Trafficking: Key Concerns

In this section we draw attention to three key issues of concern in relation to children who are vulnerable to trafficking. As already stated at the outset, these concerns arise largely from information available on separated migrant children. While they refer to this group of children, it would be worth giving these issues further consideration in the context of the specificities of the more recently emerging group of internally trafficked, non-migrant separated children.

Missing Children

One of the concerns regarding the care of separated children throughout the last decade in Ireland was the ease with which separated children could go missing. From January 2000 to December 2010, 513 separated children went missing from the care of the State. Seventy-seven of these children were subsequently accounted for (HSE in Smyth, 2011). These figures provide evidence that the majority of separated children who have gone missing have never been found, once they have left the care of the HSE. It is not clear whether they remain in the country or have left, nor is it clear whether they have been trafficked or not. One of our research participants made reference to the concern regarding the whereabouts of the remaining approximately 440 young people, as is evident from the following quotation:

It could be that all of them just basically reunited with family members quietly or they moved to another jurisdiction but we know certainly anecdotally that when we hear about a child being taken out of a brothel in Cork or Limerick or Dublin the assumption is, and in most cases rightly so, is that that could be any one of those 440 (Research Participant).

The UK Government Strategy on Human Trafficking (2011) states that the safety of trafficked children is the first priority while they remain in the State and that the risks of separated children going missing, or being re-trafficked, must be minimised. ECPAT have argued that the high rate of trafficked children going missing in the UK is attributed to two main factors. Firstly, many children will have been instructed by their traffickers to contact them after arrival and will have received threats aimed at themselves or at their families, if they do not do so. Once children make contact with their trafficker, they are likely to arrange to meet them and shortly, thereafter, disappear. Secondly, the type of accommodation provided for separated children is not always the safest option, despite the need for safety being a priority (ECPAT, 2011c). This can be applied to the Irish context that continued throughout the 2000s, given the unsafe hostel conditions in which separated children were placed until late 2010. The transition to foster care for separated children has alleviated this situation, but issues remain. Although not definitively confirmed, we are aware that there is concern among professionals with regard to separated children, specifically girls, living in residential care in Dublin who regularly go missing. The concern is that they are involved in organised prostitution during these periods of absence from care. Notwithstanding this, the numbers of separated children who are missing would seem to be decreasing, with the HSE claiming that of the 97 separated children referred to the HSE in 2010, seven went missing and two were subsequently accounted for (HSE, 2011).

Children Missing from Care; A Joint Protocol between An Garda Síochána and the Health Service Executive (2009), was introduced to assist the work of the Gardaí and the HSE with all children who go missing from HSE care, but refers only briefly to separated children seeking asylum. Our understanding is that, currently, this Protocol is being refined. This, we would argue, is vital and any updated Protocol should expand the definition of a missing child in Section 7 to include all separated and trafficked children; it should also amend the risk assessment form to include a specific category of "at risk of trafficking". We would argue that it must take into account the specific and very different context in which separated children go missing and develop clear actions to respond to these situations.

I still question the lack of, I suppose, efficiency in terms of the Guards and the HSE in terms of the reaction. I mean when a child goes missing around the world there are all sorts of protocols that are in place and you know time frames are crucial and... for separated children the same stringent standards and the urgency isn't applied (Research Participant).

ECPAT (2011) in a recent report outlining principles for the safe accommodation of child victims of trafficking, have recommended that safety measures should be implemented to reduce a child's risk of going missing, especially within the 24 to 72 hours after first contact with the child. However, the weekend and evening unavailability of HSE social workers must be recognised as an important factor in the lack of a prompt response to cases of separated children who go missing (Barnardos, 2011). This is currently being addressed in the form of

a pilot 24-hour out-of-hours social work service in Cork and Donegal. In a recent press release from the Department of Children and Youth Affairs, the Minister announced the establishment of a new National Oversight Group 'to evaluate both pilot projects and to make recommendations to the Minister on an appropriate model for the nationwide roll-out of an out-of-hours social work service commencing in 2012' (Fitzgerald, 2011b).

The Garda Missing Persons Unit has suggested that many separated children who subsequently go missing may have entered Ireland illegally to be reunited with family members already living in Ireland or another EU country (Hauser, 2009). This view was reflected in the more recent statement by Detective Chief Superintendent John O'Driscoll, of the Garda National Immigration Bureau who indicated that his belief was that these cases have nothing to do with human trafficking (Hutton, 2012). However, a complex set of issues arise in this context which are discussed more fully in the section on Family Reunification and Family Tracing below.

Family Reunification and Family Tracing

It is argued that reuniting trafficked children with their families can be in the best interests of the child in the long term. However, such processes are not without complexity, including the need to determine if this is, in fact, the preferred option for the child and whether s/he will be accepted back into their family (Barnardos, 2011). Furthermore, adults presenting as family members might be part of the process that facilitates child trafficking; authorities might assume children's safety post family reunification; and developments in assessing care and protection might not fully appreciate family constructions across different cultural contexts. The complexity of family reunification is highlighted by the potential incompatibility between Section 4 of the *Child Care Act 1991* and Section 19 of the *Refugee Act 1996* which may result in the social worker inadvertently placing a separated child at risk by contacting the parents of the child without consideration for their trafficking/ protection needs.⁹ Additionally, there needs to be an assessment of whether the family is receptive to having the child returned to them. In the UK context, ECPAT (2009) have noted that some children, especially those from within the European Union, are at risk of being returned to their country of origin without a proper assessment because it is perceived as unproblematic to send them home to family. Yet, for some parents, the stigma attached to their child being a victim of exploitation leads to rejection of the child. International evidence also indicates that children who are returned to their home country without adequate support are extremely vulnerable to being re-trafficked (ECPAT, 2011c). The trend in Ireland is that a significant number of separated children in Ireland are thought to come here to reunite with family members, after which there is little contact with social workers. Kil Kelly (2007) suggests that such lack of follow-up 'places these children at serious risk of multiple breaches of their rights' (p.33) including trafficking.

9. Section 4 Child Care Act, 1991 - Without prejudice to the provisions of Parts III, IV and VI, where a health board takes a child into its care because it appears that he is lost or that a parent having custody of him is missing or that he has been deserted or abandoned, the board shall endeavour to reunite him with that parent where this appears to the board to be in his best interests.

Section 19.(1) Refugee Act 1996 - The Commissioner, the Appeal Board, the Minister, the Minister for Foreign Affairs and their respective officers shall take all practicable steps to ensure that the identity of applicants is kept confidential.

Regarding family tracing, where separated children wish to trace family members, difficulties arise in accessing accurate information on their backgrounds and sometimes subsequently in tracing the children themselves. As mentioned above, families can be complicit in child trafficking and family reunification can be used as a guise for it. In these instances identification outside of ports of entry is not being adequately addressed. The IRC has stated that there are little or no follow-up supports and monitoring of family reunifications, despite the identification of this within the routes and processes of child trafficking (IRC, 2003 and 2006). Many of our research participants highlighted this as a serious problem.

The main issue previously was that some of these children were reunited with people who just came up and said they were family and... at that time there was no real follow-up as to really find out if those were real family members or close family members (Research Participant).

Also, in previous research we carried out, different practices regarding follow-up on children emerged. The HSE South indicated that they had concerns on lack of follow-up on such children following family reunification. 'When it comes to family reunification we would have raised a lot of concerns about the procedures in other parts of the country where the young person is being reunited with adults who say they are family and social workers are asked to sign off and say these families are being reunified based on sketchy evidence'. The HSE South themselves, had initiated a process of follow up and monitoring of families, as a means of developing resilience into their care. Furthermore, they indicated that they worked in co-operation with schools and public health nurses in order to better monitor the welfare of the children. Regular follow-up support and monitoring of children who have been reunited with their families, such as this, would contribute to identifying those instances where children are in vulnerable situations, as well as providing elements of integration and community support for migrant children and their families.

We have agreed to keep those cases open for 12 to 18 months and then, after that, it may be longer and then we would have some opportunity to at least oversee the young person is in the house 6 months later with this person who has said they are his sister; are they attending school, are they linked in with the public health nurse (Research Participant).

It appears that DNA testing has been now developed as practice within the HSE for all families who present for reunification with separated children (Kenny, 2011).

However, while welcome, such testing only partially addresses issues arising regarding family reunification. It does not address broader kinship connections and constructions of family that vary across cultures, nor does it address the often traumatic and 'multiple psychological demands, including that they may not have lived with their families for years' (Barnardos, 2011). The construction of family units does not always emulate the nuclear family as legitimated by the DNA process and normalised assumptions about family formation. Moreover, while the HSE has claimed that increased use of DNA has resulted in significantly reduced numbers of applications for family reunification, one of our research participants claimed that this could also be due to the fact that children are now not presenting to the authorities in the first instance, which could make them even more susceptible to trafficking.

One of the things that we called for quite a few years ago was that the HSE should, as a matter of principle, follow up on all the family reunification cases that they have to make sure that the child was really with parents. ... with DNA that would be instant, [you] would know instantly that this child is really a member of this family. So that is our concern and it is good to hear that is happening now (Research Participant).

There is no legal provision for family tracing in Ireland. However, the Irish Red Cross has family reunification and tracing services, which operates on limited resources. Contact is made with the IRC through the HSE social workers to trace family members of separated children in their care. Up until recently, the HSE social worker was the key contact with the Red Cross and it was they who provided details of the children's backgrounds. Our research indicates that this has now changed and the children themselves are involved in these discussions. With the children present, the Red Cross suggest that their opportunity to get more accurate details on the child's background, and therefore increase their chances of tracing family members, is optimised. They suggest that this process would be further improved if they

Looking from the psychological perspective a child who is trafficked and kind of spirited away from a family or out of a country or whatever, there are huge dislocation and attachment issues. The first priority should be to try to reunite the child with their original family if that is at all possible. So the attachment issues, trying to establish the identity of the child they are the two main factors and where there can be family reunification that should take place as quickly as possible, that a child isn't being kind of held up within the country (Research Participant).

had an opportunity to speak separately to the children themselves. It is suggested that because the Red Cross are not part of the state apparatus and are internationally recognised as a humanitarian organisation, fears that trafficked children might have about their own safety and that of their families might be somewhat allayed, and they might be more likely to give more accurate information. The more accurate the information that the Red Cross has on which to base its investigations, the more likely they are to be successful in their tracing exercises. Furthermore, they have indicated that when they reverted to the HSE with information on families, on occasion, the whereabouts of the separated child was unknown. This can either be because the child has aged-out of the care system or has been moved out of Dublin and the social worker who initially made the contact no longer has details on them. This raises questions as to the monitoring of a child's movements and care arrangements within the HSE. It also indicates a lack of co-ordination among state agencies with responsibility for children in care and for provision for those seeking asylum. Furthermore, the limited resources of a non-governmental organisation are being put under undue pressure as they have, for all intents and purposes, been working on a tracing exercise, without being kept abreast of ongoing developments regarding the originator of the request.

Aftercare

It is important to note that the *Child Care Act 1991* provides a discretionary power to the HSE to provide aftercare services to young people up to the age of 21. Over the years there have been criticisms of the HSE that they have not exploited the potential of this fully. Some private foster providers who participated in this research claimed that separated children are provided with ongoing care on reaching 18, and a small number who have obtained refugee status move into their own accommodation. Nonetheless, there are documented cases where children are moved out of care abruptly and with little attention to continuity. The Ombudsman for Children, at a seminar organised by Barnardos in relation to the care of separated children in September 2011, stated that it was an outstanding problem in such care and suggested that unless a young person can prove that the risks they faced would be hugely detrimental to them, they were moved out of foster care on reaching 18. In response, the HSE indicated that in general young people became the responsibility of the Reception and Integration Agency (RIA) once they reach 18 unless their circumstances were extraordinary in which case they would be provided with rented accommodation.

I have a huge concern around those who we would suspect are victims of trafficking, because I do think that when it's been acknowledged it takes such a long time, it's like the dripping tap you know getting that information. And just as the relationship has been built and the trust is there, you know, you are asking the young person to move to direct provision and fend for themselves; so I think that is a real concern. There is very little acknowledgement of that as an issue, which I would guess is much bigger than we think (Research Participant).

Direct provision centres are not the kind of places to be, never mind asylum seekers or young asylum seekers, but more so people who are victims of trafficking where there is always a danger of being re-trafficked (Research Participant).

Many of the young people who leave foster care when they turn 18 years move to the Direct Provision system of accommodation in hostels operated by RIA with a resulting fall-off in supports associated with no longer being a minor. Since its introduction, the Direct Provision system for people seeking asylum has been the subject of contention, with various research sources drawing attention to its numerous shortcomings. These relate to living conditions, catering, isolation from local communities, length of stay, limited financial support, security, mental health, as well as the stress involved in one's life being on hold and a constant fear of deportation (UNHCR, 2011; Amnesty, 2011). Indeed, it is argued that its continuation constitutes a failure to respect people's human rights (FLAC, 2009).

Consultation by the Department of Children and Youth Affairs (DCYA) with separated children seeking asylum as part of a larger study on *Listening to our Voices: Hearing Children and Young People Living in the Care of*

the State (2011), identified a number of concerns about ageing out. Although the research was conducted while the hostel system was still in operation, nonetheless there are important findings which relate to the care of these young people who are vulnerable. Fear about the future and turning 18 was a persistent concern: 'at 18 you are an adult, but all of your rights are taken away' (DCYA, 2011, p.46). Many knew that turning 18 involved disruption although they had not been informed as to what their future would hold and called for an aftercare service to support them in this stage. Lack of access to higher-level education because of costs of college fees, the lack of access to employment, as well as transition to direct provision disrupting their educational career, all featured as concerns. Such was also highlighted by a number of our research participants:

The biggest thing is education, that they are able to just finish out their education (Research Participant).

For separated children who have turned 18 and have done the Leaving Cert ... what would normally happen is that is the end of the road for them; as long as they are still in the asylum process there is no progression for them. So we have got some funding from philanthropic organisations to provide money for PLC Courses and a few Degree Courses (Research Participant).

Through this work we have heard concerns about children who are becoming vulnerable to trafficking and have identified young people whose risks in this regard are increasing since moving to direct provision. This brings into focus how well founded the fears of separated children are, regarding ageing out and moving to direct provision. The starkness of the move has been criticised on numerous occasions and is only reiterated by this research.

A child who has been an unaccompanied minor and in foster care for any period of time, they build up attachments with the foster family and then what happens afterwards is a big issue for both the foster family and for the child. And kind of critical to that, is knowing that there is some sort of a wrap-around service being provided when either they move on to somebody else or they turn 18 or whatever else that is the missing piece of the jigsaw I suppose on a uniform basis (Research Participant). Because when they were in Dublin they had a project worker and a social worker each, they had two staff members each helping them just getting through day to day life and then when they turned 18 they lost all that support and all their friends in the community that they were used to. They lost everything. So it is really important to have somebody, wherever they are being sent to (Research Participant).

In a statement to the authors, the HSE (2012) indicate that '[A]ftercare is provided by the unaccompanied minors team to all aged-out, separated children accommodated in R.I.A. centres who are assessed as requiring support and who are prepared to accept same.'

Snapshots

- Missing separated children are a group of children who are particularly vulnerable to being trafficked.
- The current HSE/An Garda Síochána Joint Protocol on Children Missing from Care makes little reference to separated migrant children. A protocol specific to missing separated children is now in operation between the G.N.I.B. and the Dublin-based separated children's social work team. However, this has yet to be rolled out to other major ports and relevant services around the state.
- In updating the Joint Protocol on Children Missing from Care, account must be taken of the specific and very different contexts in which separated children go missing and clear actions developed to respond to these situations.
- A lack of follow-up of children after family reunification can place separated migrant children at risk of trafficking and exploitation. The HSE state that the monitoring and reporting lines in relation to the performance of local social work teams in this area, as well as other professionals and agencies, require refinement and this is being addressed within the new childcare structures.

- It is crucial that all family reunification cases of separated migrant children are routinely followed up by the HSE. Standardisation of practice across all Local Health Offices is important in this regard.
- Family tracing is a primary and integral part of social work care planning for separated children. The Irish Red Cross has an international tracing service which operates on limited resources and is reliant on updated contacts for separated children in communicating the results of their investigations.
- The HSE has indicated that practice is now to conduct DNA tests in all family reunification cases. This is a welcome development. However, such testing fails to fully recognise established family constructions where such close blood ties are not the only key characteristic of kinship connections. It is important that DNA testing continues to be viewed as just one of a number of factors that influence the reunification assessment.
- The inequity of care which existed in the care system and has been addressed through the move to foster care for separated children, is now evident in the aftercare system. On turning 18 years, these young people are re-categorised as asylum seekers and sent directly to Direct Provision centres, as compared to Irish children who remain with their foster families, are supported in private rented accommodation and continue to receive education and financial support from state agencies.
- Our research evidence indicates that conditions in Direct Provision centres are less than ideal. Combined with the uncertainty of their future and the knowledge that they are going to lose care supports, separated young people can be especially vulnerable to trafficking. Aftercare for all children in care, and separated children in particular, needs to be considerably extended and expanded to become a central component of their ongoing care. This requires a legislative change so that aftercare is no longer a discretionary element of care provision.

Section 4 // Training

Trafficking is a relatively new issue confronting practitioners in this country. There are two main statutory bodies currently involved in the care and protection of trafficked children – the HSE and the Garda National Immigration Bureau (GNIB). The AHTU are the main directors of policy and general awareness-raising in relation to trafficking. Furthermore, a number of NGOs have been at the forefront in advocacy and development of policy and services to respond to this issue, among them the Irish Refugee Council and International Organisation for Migration (Ireland). All of these bodies have proven important in informing training on trafficking issues.

What are the training needs? There are four key training needs that should be addressed with regard to trafficked children. Firstly, key indicators for identifying children vulnerable to trafficking must be addressed and the care/migration institutional framework needs to be clarified, providing participants with information on the asylum process and the responsibilities of different actors in that process. Secondly, ways of identifying and responding to the often complex care needs of trafficked children should be an important part of any training. Thirdly, and returning to the perspective of trafficking as a process, safety and security needs to be considered within this framework. Finally, training needs to attend to issues related to anti-racist practice and the cultural competence of all those interacting with trafficked children in the course of the asylum and care process.

Identification

The question needs to be asked - what makes trafficked young people different? A key challenge for authorities is identifying victims of trafficking as children may be travelling under false passports, they may be accompanied or claimed by people who say they are relatives and are taking responsibility for these children but who may not be authorised to take such responsibility. It is vital that the first responders, i.e. authorities who the children are likely to meet first, are trained in victim identification and that children entering the state are properly registered (Barnardos, 2011). In this regard, the HSE have published *The Child Protection and Welfare Practice Handbook* (2011) which is based on the protocols as set out in *Children First Guidance* 2011. This is a pocket-sized guide that includes child trafficking indicators at different stages of the process.

**Extract from HSE The Child Protection and Welfare Practice Handbook (2011).
The following are some indicators that a child may have been trafficked:**

- *symptoms of abuse (physical, sexual, emotional, neglect);*
- *child is recovered from a place of exploitation or reports exploitation;*
- *child's account appears coached or is similar to stories told by other young people;*
- *child harbours excessive fears;*
- *history of going missing or unexplained moves;*
- *not enrolled at school or with GP;*
- *registered at a 'hot' address;*
- *child never in when you visit;*
- *significantly older boyfriend;*
- *reluctant to provide details – personal, daily life, journey;*
- *unregistered private fostering arrangement;*
- *adult is not legal guardian and insists on staying with child;*
- *adult has brought other children into country previously/acted as guarantor on visa;*
- *adult claims not to have any documents for the child;*
- *restricted freedom of movement;*
- *owes money to people (e.g. for travel costs) or is deprived of earnings;*
- *entered country illegally, has false documentation;*
- *is unable to confirm the name and address of the person meeting them or arrives with a contact number of an unknown adult;*
- *has no money, but has a mobile phone;*
- *adults loiter around accommodation (p.90).*

The handbook explains the breadth of possible exploitation involved in child trafficking including domestic servitude, forced labour, forced criminality (street crime, petty theft, cannabis cultivation, drug dealing), prostitution or sexual abuse, illegal adoption, benefit fraud and forced marriage. As noted earlier in this report, Irish children are also vulnerable to trafficking. Importantly, this handbook draws our attention to the issue of internal trafficking, highlighting that children may be trafficked within their own country or across borders. It has been developed for HSE practitioners but would, we suggest, be a useful resource for all those working in any capacity with trafficked children. Issues of child trafficking could be more specifically addressed in a similar way in the Children First Guidance (2011) which the Minister for Children and Youth Affairs has indicated will form the basis for statutory provision for responding to child welfare concerns.

We are developing a training module for airline staff at the moment that we are borrowing from what the UK and the Netherlands have done. Again working with the tourism industry with Radisson and we are hoping they will take on board the ECPAT Code in relation to what to look out for in hotels.

Other indicator checklists of child trafficking have been developed by the GNIB and NGOs here. What is important is that such indicators are adapted in the Irish context, recognise the transnational nature of trafficking and are developed in practical ways supported by appropriate training, in order to form part of a set of tools for practitioners. Training is being developed for a range of agencies who may come into contact with trafficked children to support them in recognising and responding to

children and young people who are vulnerable. This includes airline staff who will be offered training based on a UK model currently delivered to airline staff there. Similarly, we have learned that the AHTU is looking to develop training for haulage companies as a key group who could identify children at risk. It was also indicated to us that the AHTU are looking to develop connections with other bodies, for example bus and taxi companies, in this regard.

The proposed materials for airline staff include discussion around indicators of trafficking and as such provide a good starting point for training; however, they could be further developed in terms of child-specific indicators.

Training needs to set out the specific Irish context into which trafficked children enter so that there is clarity on the lines of responsibility and the different interests each agency involved has in the trafficked child. A matrix of agencies, their responsibilities and possible areas where co-operation could be fostered could form part of this training following, for example the toolkit developed by London Safeguarding Children Board (2011). Furthermore, it needs to show the child, and not their migration status, as central to the process in order to maximise the child's agency. Boyden and Hart (2007) argue that service providers and those making decisions on asylum applications must be prepared to deal with an extraordinary mix of resilience and vulnerability on the part of individual children. This they argue applies as much to children who are trafficked as to separated children seeking asylum. Simply incorporating examples of trafficked children's journeys into training materials would highlight this complexity and bring them into the centre of discussions on responding to their needs. Moreover, it is important to note, as Boyden and Hart (2007) have pointed out, that such children often need to 'display incapacity and immaturity' in order to fit with the expectations practitioners have of their physical appearance or behaviour in order to access the full child protection framework (Pearse, 2010; 2011). This links with our previous research which identified a disbelief among some professionals that child trafficking exists in Ireland.

Training needs to be cognisant of the different institutional contexts but also look at how agencies can co-operate by prioritising the needs of the child. Agencies need to respond to the information needs around the process of trafficking and asylum. The Irish Refugee Council and UNICEF Ireland have produced a guide on the asylum process in Ireland which is child focused and user-friendly. This could be incorporated into training materials and helpfully demonstrate how professionals can engage with vulnerable children as they traverse the care/asylum process. It would be worth considering how a similar tool could be adapted to explain the complexity of child trafficking.

Care needs / child sensitive environment

The Special Rapporteur on Child Protection, Geoffrey Shannon stated that 'child protection workers and others who come into contact with children need to receive specific training so as to enable them to best interact with victims of child trafficking. This is in accordance with UNICEF's *Guidelines for the Protection of the Rights of Child Victims of Trafficking*' (Shannon, 2007: 43). The ASCI (2011) emphasise the need to ensure that training reaches all HSE Local Health Offices which have separated children in their care as well as foster carers.

Professionals and others working with trafficked children need to respond to the children's physical and psychological needs. Hynes (2010) highlights that the experience and process of being trafficked is not homogenous and there may not be a typical profile of a trafficked child, but only warning signs or indicators. Furthermore, there is a tendency to focus on risks pre-arrival, when in fact trafficked children are often dealing with physical and psychological challenges associated with all stages of their journey. These include issues relating to the pre-migration stage including loss and traumatic experiences, those related to the migratory journey which might be forced or voluntary, and can often include further traumatic experiences. They include issues related to post-migration where they may suffer ongoing loss, post trauma responses, elements of culture shock and fears related to the asylum process as well as fears for their safety. Furthermore, they may also have to deal with elements of racism and hostility in the new environment (Rylands, 2010).

Particularly in the initial stages the tendency is to look straight at the psychology service for specialist help, but what I would often do is work with a foster parent or the residential care staff for example in supporting them to work with the child. Rather than introducing ... yet another adult into this child's world.... and in some way to pathologise their responses via that process (of being referred to psychology). I am much more in favour of supporting the caring system - as in the foster parent or the residential staff - in working for example with a disturbed sleep routine (Research Participant).

While there is much focus on trauma experienced by trafficked children, nonetheless research participants stressed the equally important need for safety and continuity of care.

I would think it would be very useful to include something [in training] around psychological needs, but I would be very careful again, I would be going right back to basic psychological needs. Because I think we can lose sight of basic psychological needs in this zooming into the anxiety around the need for specialist services ... I think it is back to basic needs ... You know caring, safety, caring and nurturing and engagement, engagement in schools so that you have a sense of purpose, and engagement in peer relationships to give a sense of belonging... this is where the energy needs to go and in supporting all of that (Research Participant). Now there will be, of course, significant traumatic experiences... plus the overlay of being involved in asylum process, ...plus the overlay of a different cultureof course there may be difficulties in sleeping that may present (itself difficulties in sleeping) ...there may be nightmares ... there may be high anxiety levels ... so some of those post trauma responses... A lot of that can be dealt with very, very easily without specialist help. But I think that sort of information for foster parents would be really useful, for example, how do you help a kid that appears to be waking up every night with nightmares...? (Research Participant).

I suppose it is about making the foster carers aware of the risk. If there is a substantive risk for a particular young person, obviously they shouldn't be going to school, they shouldn't be ... having their whereabouts known ... considering our change in demographics over the last 15 years, it certainly probably wouldn't be that hard to pick out a separated child or potential separated child in a local national school in the country (Research Participant).

I do think for foster parents and for professionals the issue of working cross culturally or working or relating cross culturally is something that probably isn't given sufficient attention. I suppose a bi-cultural identity for want of a better word..... this again is new territory. But how do you support a young Nigerian, you know ten year old, to develop a positive and maintain a positive identity around their Nigerian nationality as they integrate into Irish society if they are with an Irish family.... in cross cultural fostering? (Research Participant).

Safety

All those interacting with children who have been or are vulnerable to trafficking require training in supervision and monitoring of young people's activities without being overly intrusive. Those working with trafficked children must be aware that children are entitled to privacy and to maintain a confidential relationship with their guardian and legal representative and any other advocate. The Netherlands has a very good training model for professionals working with trafficked children combining supervision and empowerment (European Commission, 2012).

The need to highlight vigilance with regard to the safety of trafficked children as well as focusing attention on very practical issues, including an initial meeting with school staff when the child starts school, training programmes with those directly involved in the daily care of trafficked children such as foster carers and teachers and the development of a booklet to be made available to schools, was discussed by a number of research participants:

Obviously the identity ... the child has to be protected from everybody knowing the ins and outs of their past and their situation but at the same time if a young person is attending school then there is an onus on the social workers and the HSE ... and the foster family to inform the school about the various issues and the teachers. You know and probably plans put in place so that the young person is kept within the school grounds until they are collected by the foster parent (Research Participant).

Cultural competence and anti-racist practice

Foster carers and those working with separated and trafficked children need to re-think their own cultural identity and understanding of the world (Baldock, 2010)

as well as recognise, and challenge, the impact of racism on the everyday lives of black and minority ethnic children and adults. Whether they are placed in foster care or in residential settings, separated children must be cared for by suitably trained professionals and foster carers who understand the ways that culture and racism influence issues affecting separated children seeking asylum, trafficked, and migrant children. Care workers should help a child develop links with their ethnic community whenever possible.

Given the challenges associated with trafficking we need to be flexible and culturally sensitive to a number of issues including that a survivor may come from cultures that do not use Western models of counselling/therapy. Furthermore, their language, religion, race and ethnicity, class, customs and values need to be taken into account. Finally, we need to consider the trafficked child's survival mechanisms which can be influenced by culture (Ni Raghallaigh, 2011a).

This issue of cultural competence was raised as a concern by participants in the context of training needs for carers and professionals working with trafficked children:

Well first of all an understanding that this is the lot of separated children really, but when we talk to some of them [foster carers] the main issue that they worry about is the training aspect of it. They worry about having to deal with someone from a different culture, different religion and so on (Research Participant).

We recommend that all those involved in training in this area liaise with the AHTU Awareness Raising and Training Working Group to develop a comprehensive series of training workshops and materials that address awareness raising of trafficking right through to specific practice responses. We point to the London *Safeguarding Trafficked Children Toolkit* (2011) and accompanying Guidance document which provides a useful model from which to develop materials in the Irish context. Such training should be modularised to reflect different aspects of trafficking which build on one another to comprise a comprehensive training programme. Ideally all professionals working in the area would have to complete this over a period of time as part of their continuing professional development. Aspects of this programme could be adapted for use with foster carers.

And I think (that) bi-cultural integration is a very difficult process and if it is overlaying on the developmental process of regular adolescence I think that is a particular challenge for foster parents and for professionals who are working with them and again I think there isn't a real understanding in how to respond to that or how to support it (Research Participant).

We have learnt from the AHTU that they are currently in the process of taking such a modular approach with regard to their Training the Trainers programme on human trafficking:

The [IOM] did this two day very intensive [training], including people from the HSE and Separated Children's Unit and then they were to cascade the training down in their organisations. But I think people were a little bit, intimidated 'where do I start training people, first of all who is going to come on a course for how long'. You have this manual with all these DVDs and everything, if you are not a trainer you might find it hard to extract it. So what we are doing actually at the moment with the IOM, is we are breaking it down into more manageable sizes. Here is a one hour basic awareness raising thing, if you work in the HSE here is a one hour session on what you need to know after you have the basics.

To further broaden their training reach, ECPAT UK have a series of user-friendly e-learning materials developed for first line professionals and those who come into contact with trafficked children in the course of their work (<http://course.ecpat.org.uk>). Similarly, in Canada, the Office to Combat Trafficking in persons launched an online training programme to combat human trafficking in 2011 (<http://www.pssg.gov.bc.ca/octip/training.htm>). Aimed at enhancing the ability of first responders and service providers to identify, assist and protect victims of human trafficking, *Human Trafficking: Canada is Not Immune* is jointly funded by the Department of Justice Canada and Public Safety Canada and was developed with the help of Open School British Columbia. The development of a similar set of e- materials for Irish professionals would be worth consideration by the AHTU Child Trafficking Working Group.

Training and information should be provided to social workers and foster carers to enable them to adequately deal with the specific issues facing separated children such as trafficking, language and cultural barriers, managing the uncertainty that is the result of going through the asylum process and managing expectations. The training should also cover the children's health needs, managing culture shock especially for those separated children who are younger and newly arrived (Barnardos, 2011: 5).

There was concern from some research participants that this aspect of training is not currently being addressed adequately. Some of the private foster care agents who have been contracted to provide a service do have very good mechanisms of providing the training. 'One thing though that is still missing is cultural competency' (Research Participant).

Identifying [training] needs for the foster carer needs to be as much a part of what's going on as the needs of the child, because it is the carers that are the people that are providing [care]. So the whole range [of issues] whether it is dietary, whether it is language, whether it is the issue about the role of the mother and father and relationships [need to be addressed in training] (Research Participant).

Addressing potential issues of racism in the immediate and long-term is an important aspect of training in cultural competency as highlighted by the following observation: 'negativity and racism may not be present immediately but it is much more likely to emerge later on as a challenge. You know, but it is a challenge for foster parents who won't necessarily know how to manage this' (Research Participant). This includes dealing with one's own prejudices as well as recognising those that might be encountered in everyday interactions in the community and the wider public.

HSE staff participate as trainers in ongoing training organised by the AHTU. However, it is acknowledged by HSE management that 'a more systemic, widespread and consistent form of training in child trafficking must be developed both on an inter-sectoral basis and within the H.S.E.' There is also agreement that this training should take a multidisciplinary and interagency form and 'discussions are underway between the H.S.E. and the A.H.T.U. to develop and progress this work' (HSE, 2012). While the private fostering agencies dealing with separated children conduct their own training in relation to 'new communities', in some cases they are using models from the UK which may not translate well to the Irish context. While training is obligatory for all foster parents recruited directly by the HSE, this may not currently be the case for foster carers recruited through the private agencies. The HSE (2012) has indicated to us that plans are underway to have all foster parents for separated children who are in private placements included in HSE training courses.

Snapshots

- The AHTU have taken a leadership role in the development of training on trafficking, but have yet to develop specific training on child trafficking.
- Training in child trafficking is developing within individual organisations, but as yet, is at an early stage and is inconsistent across geographical regions and providers.
- It is acknowledged by HSE management that 'a more systemic, widespread and consistent form of training in child trafficking must be developed both on an inter-sectoral basis and within the H.S.E.'
- In particular, given that provision of foster care is the preferred policy option for these children, the HSE plan to include all foster parents of separated children in private placements in HSE training courses is welcome.
- Key training needs include: identification, care needs of trafficked children, safety and security issues, cultural competence and anti-racist practice.
- Training needs to set out the specific Irish context into which trafficked children enter so that there is clarity on the lines of responsibility and the different interests each agency involved has in the trafficked child.
- Training should be modularised to reflect different aspects of child trafficking which build on one another to comprise a comprehensive training programme. Ideally, all professionals working in the area, including foster carers, would have to complete this training over a period of time.
- A range of different types of guidance and international legislation exists addressing the issue of child trafficking. However, they are not in readily accessible formats for children themselves, social professionals or foster carers.
- The child-friendly guide developed by Irish Refugee Council and UNICEF on the asylum process in Ireland, could provide a useful model for the development of a guide on child trafficking.

Section 5 // Public Awareness Campaigning & Education

Advocacy and campaigning

The effective use of campaigning and media to create awareness and to combat child trafficking through, for example, changing laws to penalise payment for sexual services has been a focus of recent debates. The Special Rapporteur on Child Protection suggests this “would have the knock-on effect of reducing child trafficking as it has been shown that one of the main purposes for child trafficking is sexual exploitation” (Shannon, 2010: 111). He recommends consideration of the position in Sweden, Norway and the UK. There appears to be some momentum behind this, with the Stop the Red Light coalition and Ruhama campaigning for legal change in this area. In October 2011, the Minister for Justice and Equality announced the publication of a report by his Department on Sweden’s legislation criminalising the purchase of sexual services. He announced a consultation process to help inform the future direction of legislation on prostitution and that a consultation document to facilitate this process is being prepared (Oireachtas Debates, 2011). In the same month an independent group of senators tabled a motion in Seanad Éireann to criminalise the purchase of sex in Ireland in order to curb prostitution and trafficking. Such campaigns should, however, be cognisant of the fact that stricter border controls have created the perhaps unintended consequence of creating lucrative markets in smuggling and trafficking people. They should also be cognisant of the debates discussed below, around the legalisation of prostitution, some of which can contribute to facilitating rather than addressing trafficking.

NGO campaigning addresses the range of other contributory factors associated with child trafficking and the responses needed to recognise the manner in which child trafficking is embedded within the broader issues related to migration and increasing controls of people’s movements. For instance, Ruhama, an organisation that works primarily to support women working in prostitution, indicated that child trafficking was an issue in Ireland as far back as the early 2000s. More recently the umbrella group, Action for Separated Children in Ireland (ASCI) have drawn attention to concerns related to child trafficking in Ireland with regard to identification, assessment, care and protection. As noted at the outset of this report, the Children’s Rights Alliance is the Irish partner in The Body Shop and ECPAT global campaign on Sex Trafficking of Children and Young People, the aims of which are to raise awareness of child trafficking globally, to influence governments to implement anti-trafficking policies and legislation, and to empower the public to address child trafficking.

Education and Community interventions

The role of formal and informal education is crucial in identifying and responding to child trafficking. The Department of Education and Skills has facilitated the involvement of schools in raising awareness of trafficking in human beings. Human trafficking is addressed as part of the ‘Human Rights’ module of the Civil, Social and Political Education (CSPE) programme in secondary schools. The module was rolled out in the CSPE curriculum to all 750 secondary schools in September 2011. It incorporates a series of three lessons over the course of the year covering issues of human rights, slavery through the ages and human trafficking which is explored through a case study approach of sample cases supplied by IOM and the Migrants Rights Centre of Ireland. While we recognise this as a worthwhile development, the module would be improved by the inclusion of a lesson which specifically addresses child trafficking and one that explores migration policy and the tensions between movement of people and border protection. The Anti-Human Trafficking Unit has also provided articles for inclusion in an e-journal for circulation to teachers and will draft material for inclusion in teachers’ unions magazines. However, despite this progress, the issue of child trafficking has yet to be systematically included in all teacher training

curricula to ensure the mainstreaming of these activities. The AHTU is currently discussing the integration of a module into Teachers' Unions training with Union representatives.

The role of NGOs in placing child trafficking on the agenda, informing local communities about the issue and responding to the needs of those at risk has been highlighted by research participants. Some spoke about the role of local migrant communities in detecting and responding to trafficking:

I would probably prefer a situation whereby you go within the communities, the actual communities, migrant communities where people know what is happening and people know who is being trafficked and who has been ill treated but sometimes whether because they don't trust authority or there is not a real relationship with authority then they don't feel confident (Research Participant).

While others discussed the influence of NGOs in this regard in terms of their established reputation with such communities:

Possibly that is where NGOs can come in and can gain the trust of the young people who may have been trafficked. Because we are the people that make most of these potential victims or actual victims trust and enhance this network [of statutory migration services and support agencies] (Research Participant).

Public education campaigns

To date, the more significant public education campaigns in this area include the statutory Blue Blindfold and the non-statutory Turn Off the Red Light campaigns. While these bring public attention to the issue of human trafficking and offer information and suggestions on identifying and addressing it, they are not specifically focused on children. A campaign element that specifically addresses child trafficking would place a spotlight on the fact that currently a quarter of all identified cases of trafficking in Ireland relate to children, would draw attention to their specific and diverse contexts and, as highlighted earlier, the mix of resilience and vulnerability they often display.

Blue Blindfold (AHTU)

Ireland is a member of a European G6 Human Trafficking Initiative designed to ensure that the EU becomes a more hostile environment for criminals engaged in the trafficking of human beings. The other five countries involved in the initiative are the UK, Poland, Italy, Spain and the Netherlands. Ireland led the awareness raising campaign in relation to human trafficking and has as its central message 'Don't Close Your Eyes to Human Trafficking'. The imagery of the blue blindfold represents the risk of people having their eyes closed and being unaware of the crime that may be going on around them. The campaign, which is linked to a website and phone number, incorporates information on the indicators of trafficking and is designed to encourage the public to share any suspicions or information on this crime with the Gardaí who will then investigate accordingly. As part of this campaign, the AHTU has also produced pocket sized cards and bookmarks:

We do get a positive reaction [to the literature]. There is the one with the story on the person in relation to sexual exploitation, some of the indicators and there is one there also in relation to labour - the same thing in relation to labour exploitation. They would be with the HSE people, the national employment rights authority people, HSE and places like that, Garda stations.

However, there were some concerns expressed by research participants about the reach of this campaign.

The 'Blue Blindfold' campaign is very good. Well I am saying good in that it is visual, but I do not think that the people who really need it actually know about it. It is only those of us who practise or work in the area who actually know about it, so I don't know if that is the way of actually publicising that (Research Participant).

Turn Off the Red Light: End Prostitution in Ireland

This is a campaign to end prostitution and sex trafficking in Ireland. It is being run by a new alliance of civil society organizations led by the Immigrant Council of Ireland. Central to the campaign is the recognition that demand for prostitution in Ireland is intrinsically linked to increased cases of woman and girls being trafficked into and around Ireland for the purpose of sexual exploitation and that such trafficking is a modern, global form of slavery. In a recent press statement the Immigrant Council of Ireland highlight the risks associated with legalisation of prostitution claiming that 'traffickers and other criminals want Ireland to regulate prostitution, not only would that give them a foothold here but it would make Ireland a target for sex tourism and a haven for traffickers' (Immigrant Council of Ireland, 2012). A primary focus of the campaign to combat trafficking is through tackling the demand for prostitution by criminalising the purchase of sex as discussed above.

Trafficking Hotline

To date there has been no specific helpline for victims of trafficking in Ireland. In 2007, the European Commission reserved 116-000 as a common telephone hotline across the 27 EU member states for missing children. In Ireland, while this number was made available by the regulator, it is not operational, despite the fact that 11 other EU countries have activated the number. It is envisaged that such a hotline would provide support to parents of missing children but also for children at risk or child victims of trafficking. Currently, a national Crime Victims Helpline is operated by the Commission for the Support of Victims of Crime, under the aegis of the Department of Justice and Equality (independent of the Gardaí). In addition, the Garda operate an anonymous telephone hotline for the confidential reporting of suspicions of trafficking from 9am to 9pm at 1800 25 00 25 (Children's Rights Alliance, 2010).

However, as stated in the Estonian National Plan, a number of issues relating to communication between child protection agencies across Europe are crucial as the child moves across borders, not least of which is an international helpline recognising that the transnational nature of trafficking needs a transnational response.

In the UK, the NSPCC Child Trafficking Advice and Information Line for staff was established in 2007 and supported by the Home Office, in partnership with NSPCC, ECPAT UK, Child Exploitation and Online Protection centre and Comic Relief. It offers direct advice and assistance to professionals in statutory and non-statutory services responsible for children who show signs of having been trafficked about how to meet their needs and safeguard them from harm. The Trafficking Advice and Information Line can be accessed either by telephone or face-to-face by appointment through their Case Consultancy Service. The line supports referrals to other agencies and charities where a particular issue could be resolved by them. The service works closely with a range of other agencies and experts on child trafficking through an advisory group in order to ensure that the advice given is up to date, relevant and useful (London Toolkit, 2011).

There have been a number of positive recent developments in Ireland in this respect. In October 2011, in discussing a motion on the Missing Children Hotline in the Seanad, the Minister for Children and Youth Affairs, Frances Fitzgerald stated that her Department, in conjunction with the Department of Justice and Equality, the Gardaí and ComReg had embarked on a preliminary scoping of the issues involved in establishing such a hotline. She informed the house that *'This team will examine how best to set up the hotline in the context of the demand for the service, and by establishing the extent to which existing Government funded services, including the Garda and victim support services, can be mobilised to meet Ireland's commitments to the hotline'* (Oireachtas Debates, 2011b).

Following this, on the 1st February 2012, the Minister announced that the licence to operate a missing children's hotline is to be taken up by the Irish Society for the Prevention of Cruelty to Children (ISPCC). Minister Fitzgerald said the 116000 number will facilitate the reporting of missing children to the relevant authorities as well as providing emotional support to parents of missing children (Department of Children and Youth Affairs, 2012).

We would argue, in line with ECPAT (2010), that a state-operated helpline for child victims of trafficking should be part of the missing children's helpline and should be accessible by all children at risk free of charge and staffed by trained personnel. Such a helpline is essential to provide assistance and facilitate access to other relevant services for child victims of trafficking. Ideally it should operate in the main languages of countries from where the child trafficking victims primarily originate in cases of transnational trafficking and be promoted nationwide.

Well to be honest I think it is a positive development, you know any of these lines in terms of, like the crime stoppers one is an example of a case in point. The Guards have got a lot of information from people, some of it actually leads to something or it confirms information that they already have. So I think any of those initiatives anything that saves a child is worthwhile (Research Participant).

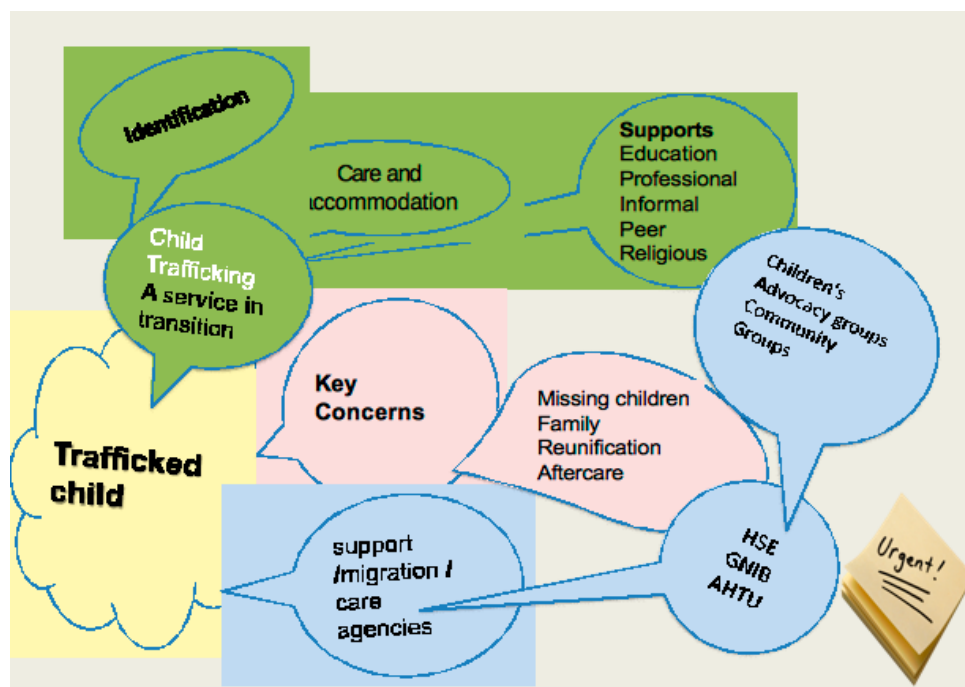
Snapshots

- The role of NGOs and local migrant communities in placing child trafficking on the agenda, informing local communities about the issue and responding to the needs of those at risk, has been highlighted in this research.
- Campaigns that seek to identify and support trafficking victims should be cognisant of the manner in which strict border controls have created the perhaps unintended consequence of creating lucrative markets in smuggling and trafficking people.
- Political campaigns have focused recently on the criminalisation of the purchase of sexual services. It is argued that this may have some impact on combating child trafficking for sexual exploitation.
- Public education campaigns in Ireland such as Blue Blindfold have highlighted the issue of human trafficking, but are not specifically focused on children. Without such a focus, children at risk are likely to remain largely invisible.
- The human rights module developed for the CSPE programme in secondary schools addresses human trafficking, but again fails to directly identify child trafficking and could develop a more critical focus on migration policy.
- A state-operated free-call 24-hour 116000 missing children helpline accessible by all children at risk, including victims of trafficking, staffed by trained personnel, has recently been announced by the Minister for Children and Youth Affairs. Such a service is essential to provide assistance and facilitate access to other relevant services for child victims of trafficking.

Section 6 //

Developing a Protective Environment: Conclusions and Recommendations

Following on the Kaufka, Walts and French (2011) model that identifies the key areas required to develop a supportive and protective environment in the trafficking context, we have identified key areas and connections which if fully developed in the Irish context would contribute towards ensuring safe care and a more durable solution for trafficked children. These areas are depicted in the diagram below.



What is important is the connections between all of the various elements and actors in the process and that all place the trafficked child at the centre of their concerns, data collection, training, policy and practice. There are aspects of this occurring or being developed, however the recent change in policy direction regarding overall care of separated children from a Dublin-based hostel model to a nationally-based fostering model would appear to reveal tenuous links in the system and sometimes a lack of clarity on the roles and responsibilities of individuals and agencies. This leaves frontline providers exposed and vulnerable and thus negatively impacts on the children. Given that all research on trafficked children highlights the significant distrust and fear associated with their situation, the provision of stability and informed practice at all junctures is crucial. Traffickers are sophisticated in identifying and exploiting gaps in immigration, care and other systems for trafficked children. We need a robust legislative, policy and practice framework to respond to this complex and challenging issue. For such a response to be effective, co-ordination and meaningful communication is central. Training for all stakeholders in line with the ECPAT (2011) *Principles for the safe accommodation of child victims of trafficking*, which informs participants while encouraging co-operation, is an overarching requirement in order to achieve a protective environment for trafficked children.

The recommendations are structured into sections on policy, care and accommodation, key concerns, communication and collaboration, training and public awareness and combine to form a holistic care response to the situation of trafficked children. Some of the recommendations refer to separated and trafficked children, while others incorporate children in care more generally, highlighting the connection between all children in care and the commonality as well as the difference of their experiences. Some of the recommendations focus on furthering the robustness of the care system, while others focus on its connection with other systems, and particularly in the closely interconnected context of migration.

Child Trafficking: Brief overview and key policy and practice responses

- Development is needed of standardised, clear statistical data on referrals of trafficked children to the HSE and the outcomes for those children.
- Considering that there continues to be some variation in how child trafficking is understood, work needs to continue on developing a combined approach and standardised response in this area. This approach should prioritise the promotion of care and protection.
- Children First Guidance needs to provide clear indicators of child trafficking, as in the HSE *Child Protection and Welfare Practice Handbook* (2011), along with more comprehensive guidance on working with trafficked children.
- The HSE/AHTU (nd) guide on ‘Services to Victims of Child Trafficking’ compiles information on indicators, policy and associated services and supports. This guide could form the basis of communication across stakeholders in this sector on the development of a child centred response.
- There is a need for a child centred approach to trafficking. Key provisions such as the identification of adults accompanying children and temporary residency included in the IRP Bill, 2010 need to be enacted.
- Temporary residency should automatically be provided in law for trafficked children on humanitarian grounds.
- Appointment of Guardian ad litem routinely for all children identified as trafficked.
- There is a need to acknowledge the crucial role of guardians generally for separated and trafficked children and support the development of this role.
- The commencement of relevant provisions of the Health Act 2007 to bring all care providers, including private foster care agencies currently providing placements for separated children, under the inspection and monitoring remit of HIQA.
- *The Optional Protocol to the United Nations Convention on the Rights of the Child on the Sale of Children, Child Pornography and Child Prostitution* should be ratified immediately.

Separated children and care provision in Ireland: A service in transition

- It is essential to ensure safe accommodation for trafficked children that is cognisant of the added complexities associated with their care and this must be an integral part of the assessment and planning process.
- Given that placements for trafficked children or those at risk of trafficking are specialised care placements they require comprehensive vetting, training and ongoing supports for the foster carers and children.

- Every trafficked child should be the subject of a protection plan, which is agreed upon with the young person, incorporates key safety measures and indicates lines of responsibility.
- There is a need for continuity of care and the identification of a key carer for trafficked children at as early a stage as possible.
- The lack of clarity on the transition of responsibility from the Separated Children Seeking Asylum team in Dublin to social workers in the HSE Local Health Offices (LHO) needs to be addressed urgently.
- While standardised case transfer protocols have been developed centrally by the HSE, communication of the transfer process within and between HSE areas, LHO social work teams and private fostering agencies, requires attention.
- The HSE Dublin-based team for Separated Children Seeking Asylum should develop written policy and procedures on the care of separated migrant and trafficked children immediately, in order to harness the experience they have developed over the past 10 years and share their expertise nationally in a systematic way.
- Social work support for trafficked children needs to be nuanced in order to respond to the complexity of issues and needs arising. This might include for example a dual social work support for trafficked children comprising a social worker from the Separated Children Seeking Asylum team acting in an advisory capacity and the local social worker providing for the ongoing daily care needs of the child. This would facilitate the transition of services from a Dublin to a national base.
- The enactment of legislation is required to bring all care providers of separated and trafficked children, including private foster care agencies, under the inspection and monitoring remit of the HIQA.
- It is advisable that placement decisions explicitly bear in mind that not all trafficked children would choose, or benefit from placement with foster carers from a similar cultural background. Such decisions must be made on a case by case basis and in consultation with the children.
- Development of a dialogue with trafficked children to learn from their experiences of the process and the care responses. The importance of such an engagement is critical in the new familybased care model.
- There is a lack of consensus among those working in the areas of child welfare, care, advocacy and support on the value of supported lodgings. However, given the particular needs of trafficked children, best practice is to refrain from the use of supported lodgings for this group of children in the care system until these are fully within the scope of HIQA.
- There is a need for an in-depth review of the scope and range of educational and care services for separated children that were developed in Dublin at the time of the hostel accommodation system. This review should identify key lessons and inform a cross-country dialogue in the development of national supports for trafficked children.
- Services developed should recognise the specific vulnerabilities to trafficking of separated children and how educational supports nationally can respond to trafficking risks for children and form part of a protective environment.
- The importance of peer support networks for both foster carers and separated and trafficked children has emerged and should be developed in the context of the new decentralised services.

- Co-operation of agencies is required in the identification of trafficked children throughout the process of entry, care arrangements, and asylum processing. This requires continuing development of inter-agency training of care, immigration and justice personnel and inter-agency, child-centred interviewing at ports of entry.
- Development and implementation of protocols nationally that clearly identify responsibilities of state agencies and support mutual co-operation in tracking the care arrangements of separated children seeking asylum and their progress through the asylum system.

Child Trafficking: Key concerns

- In updating the Joint Protocol on Children Missing From Care, account must be taken of the specific and very different contexts in which separated children go missing and clear actions developed to respond to these situations.
- A protocol specific to missing separated children (2009) is now in operation between the GNIB and the Dublin based Separated Children Seeking Asylum Dublin based team. It is recommended that this be rolled out to other major ports and relevant services around the state.
- The lack of follow-up of children after family reunification can place separated migrant children at risk of trafficking and exploitation. The HSE states that the monitoring and reporting lines in relation to the performance of local social work teams in this area, as well as other professionals and agencies, require refinement and this is being addressed within the new childcare structures. It is recommended that this work proceeds with urgency to ensure standardisation of practice and reduce risks to children.
- Family tracing is a primary and integral part of social work care planning for separated children. The Irish Red Cross has an international tracing service which operates on limited resources and is reliant on updated contacts from the HSE for separated children in communicating the results of their investigations.
- The HSE has indicated that practice is now to conduct DNA tests in all family reunification cases. This is a welcome development. However, such testing fails to fully recognise established family constructions where such close blood ties are not the only key characteristic of kinship connections. It is important that DNA testing continues to be viewed as just one of a number of factors that influence the reunification assessment.
- Our research evidence indicates that conditions in Direct Provision centres are less than ideal and, combined with the uncertainty of their future, and the knowledge that they are going to lose the supports, these separated young people can be especially vulnerable to trafficking. Aftercare for all children in care, and separated children in particular, needs to be considerably extended and expanded to become a central component of their ongoing care. This requires a legislative change so that aftercare is no longer a discretionary element of care provision.

Training

- The AHTU, who have taken a leadership role in the development of training on trafficking, need to develop specific training on child trafficking addressing the following key training needs: identification, care needs of trafficked children, safety and security issues, cultural competence and anti-racist practice.
- It is acknowledged by HSE management (2012) that ‘a more systemic, widespread and consistent form of training in child trafficking must be developed both on an inter-sectoral basis and within the HSE.’ We recommend that this be given priority.

- Given that provision of foster care is the preferred policy option for separated children, it is recommended that plans for the inclusion of all foster parents in HSE training, including those fostering separated children in private placements, be prioritised.
- Training needs to set out the specific Irish context into which trafficked children enter so that there is clarity on the lines of responsibility and the different interests each agency involved has in the trafficked child.
- Training should be modularised to reflect different aspects of child trafficking which build on one another to comprise a comprehensive training programme. Ideally all professionals working in the area including foster carers would have to complete this training over a period of time.
- The child-friendly guide developed by Irish Refugee Council and UNICEF on the asylum process in Ireland, could provide a useful model for the development of a guide on child trafficking.

Public awareness campaigning and education

- It is recommended that campaigns that address child trafficking need to set the debate in the broader context of interconnected issues of for instance labour exploitation, sexual exploitation and migration controls, in order to recognise the range and complexity of responses required.
- Public education campaigns in Ireland such as Blue Blindfold have highlighted the issue of human trafficking, but are not specifically focused on children. Without such a focus, children at risk are likely to remain largely invisible.
- The human rights module developed for the CSPE programme in secondary schools addresses human trafficking, but again fails to directly identify child trafficking and need to develop a more critical focus on migration policy.
- A state-operated free-call 24-hour 116000 missing children helpline accessible by all children at risk, including victims of trafficking, staffed by trained personnel, has recently been announced by the Minister for Children and Youth Affairs. Such a service is essential to provide assistance and facilitate access to other relevant services for child victims of trafficking.

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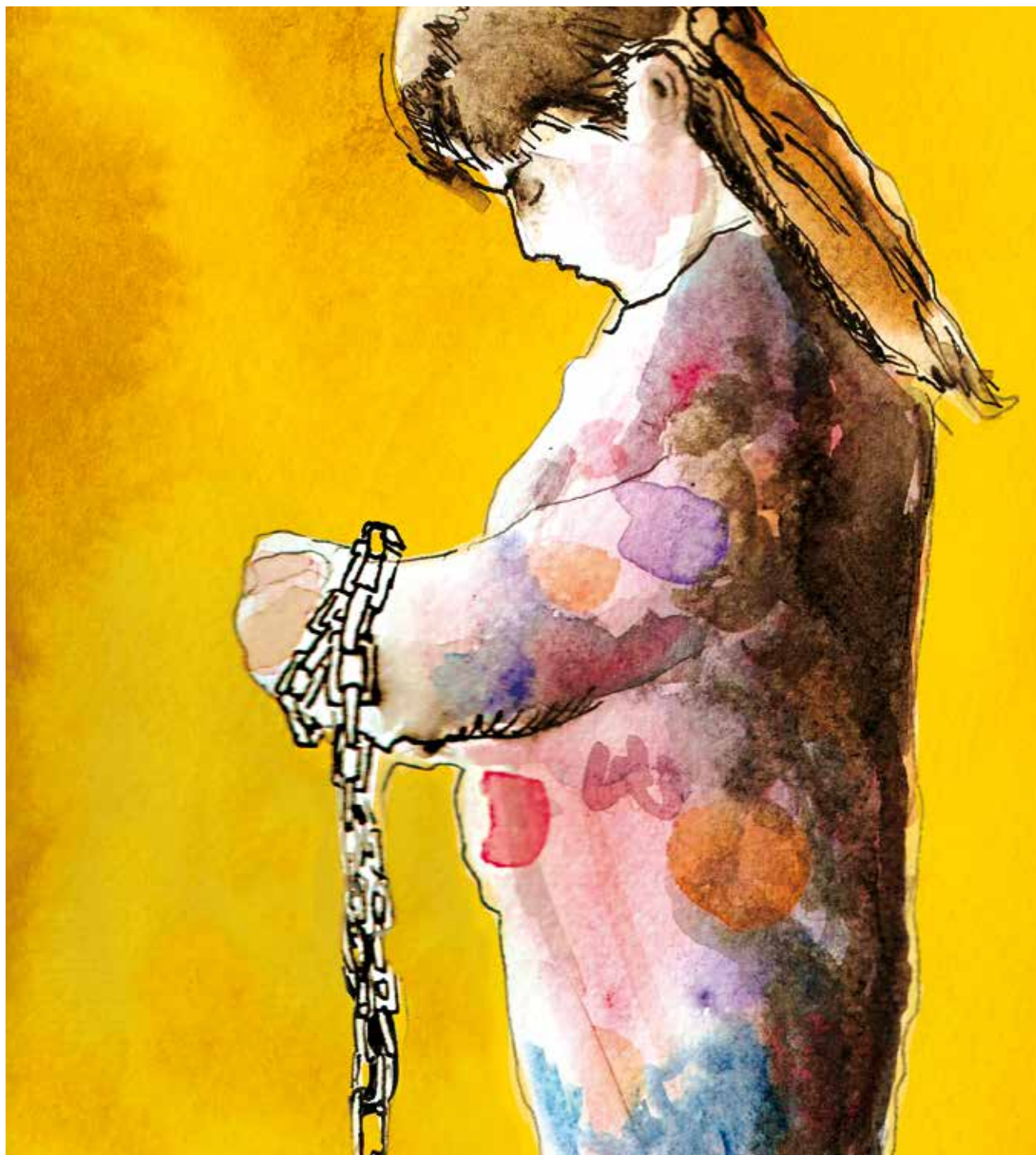
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Appendix I

Unaccompanied Minors Presenting: Profile Trends and Patterns by Year

Unaccompanied Minors Presenting: Profile Trends & Patterns. Year	Total Referrals	Placed in Care	Total in Care	Reunited	Other *	Missing	Accounted For
2000	520	406	301	107	7	34	
2001	1085	846	587	231	8	81	
2002	863	335	277	506	22	54	2
2003	789	277	281	439	73	47	5
2004	617	174	185	418	25	66	14
2005	643	180	209	441	22	65	14
2006	516	188	230	308	22	53	6
2007	336	130	180	185	29	32	12
2008	319	156	181	157	26	22	5
2009	211	211	195	0	0	9	0
2010	97	70	50	21	17	11	8
2011 to June	46	28	17	15	11 F/C 5 Inapp	7	2

Appendix II

ECPAT (2011) Principles for the safe accommodation of child victims of trafficking

Principle 1

The best interests of the child should be at the centre of all decisions regarding the provision of safe accommodation and related support

Principle 2

Children should be asked about what makes them feel safe

Principle 3

Children should be given sufficient information to help them make informed decisions about their accommodation and care

Principle 4

Safety measures should be implemented to reduce a child's risk of going missing, especially within 24 to 72 hours after first contact with the child

Principle 5

Safe accommodation should be understood as multi-faceted, involving physical and psychological elements, with particular recognition of the impact of trauma on a child's perceptions and behavior

Principle 6

A child's accommodation and safety needs will change over time and should be regularly assessed

Principle 7

A child should not feel punished or overly restricted by measures taken to help keep them safe in accommodation

Principle 8

A child should be given access to a range of psychological, educational, health, social, legal, economic and language support that 'brings safety to the child' and helps them recover

Principle 9

Everyone working with child victims of trafficking should be trained to recognise and respond appropriately to their needs

Principle 10

Efforts to keep children safe should involve the wider community in ways that help create an environment that is difficult for traffickers to operate in

Appendix III

Joint Protocol between G.N.I.B and H.S.E. January 2009

Context

The H.S.E. has agreed a Joint National Protocol with the Gardai in relation to children who go missing and abscond from care. However, as distinct from the wider cohort of children in care, a pattern has emerged in relation to unaccompanied minors whereby many of this child cohort go missing shortly after arrival or presentation at ports and before they reach their placement or shortly after they have been placed. Although the usual reports as outlined in the Joint Protocol are made to Gardai many of these children are not traced. The fact that these children present without identifying documentation and disappear before the social work service have been afforded the opportunity to conduct an assessment contributes to the difficulty for Gardai or the H.S.E. in subsequently tracing them. This protocol has been developed to address this specific problem.

Function and Purpose

The purpose of this agreement is to ensure that there is appropriate collaboration between the staff of the H.S.E. social work service and the staff of the Garda National Immigration Bureau to minimise the risk of unaccompanied minors going missing from care shortly after presentation and in the event of such minors going missing to facilitate their speedy identification and return to care. This agreement is intended to supplement the National Joint Protocol between the H.S.E. and Gardai in relation to all children missing from care and relates specifically to unaccompanied minors presenting at Dublin ports of entry. It is intended, by both agencies, that subsequent to its initial piloting in the Dublin area, this protocol will be extended to cover all ports of entry in the state.

The actions agreed in this protocol are as follows:

- Both agencies will promote and implement a form of collaborative interviewing of unaccompanied minors presenting at ports. This process will involve the sharing of any information deemed appropriate for the protection of children presenting between the social work service and members of the G.N.I.B., either at the port of intake or any point thereafter. Such information will be shared in a timely manner and as soon as is practicable in order to prevent the minor going missing or to facilitate his or her speedy tracing.
- The H.S.E. recognises that finger printing can provide a valuable unique identifier for the purpose of tracing young persons presenting without documentation who go missing shortly after presentation to the service. The H.S.E., therefore, grants permission to the G.N.I.B. to finger print children who are at high risk of going missing for the purposes of protecting such children and returning them to care. Such finger-printing is to be done with the permission of the social work service.
- Both agencies will implement joint training in relation to their respective staff who deal with unaccompanied minors at the Dublin ports and at the point of intake.
- Clear referral procedures will be agreed between the Dublin based G.N.I.B. and the H.S.E. in relation to referral procedures between the two agencies for unaccompanied minors presenting at the ports of entry.

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